



RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM OPERATING REIMBURSEMENT REQUEST

This information is required by authority of Part 821 Snowmobiles, 1994 PA 451, as amended to receive reimbursement.

TRAIL SPONSOR INFORMATION			
Trail Sponsor (Organization Name)	Sponsor Number	Grant Year	
<p>MONTH _____ GROOMING OPERATIONS</p> <p><u>DATE STARTED GROOMING</u> <u>DATE ENDED GROOMING</u> <u>TOTAL MILES GROOMED</u></p> <p>_____ to _____</p> <p><input type="checkbox"/> December <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> Final</p> <p style="text-align: right;">GROOMING OPERATIONS SUBTOTAL</p>			
			<p style="text-align: center;">DNR USE ONLY \$ AMOUNT</p> <p>\$ _____</p> <p>\$ _____</p>
BRUSHING AND SIGNING			
<u>PAYMENT METHOD</u>			<u>AMOUNT</u>
Fixed Monthly: <input type="checkbox"/> December <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March			\$ _____
<input type="checkbox"/> 3-Months' Start-up Funds			\$ _____
<input type="checkbox"/> 1-Month Final Payment			\$ _____
BRUSHING AND SIGNING SUBTOTAL			\$ _____
UTILITIES PAYMENT REQUESTED			
Utilities payments are paid one time during the grooming season. Check your grant for the amount of your full annual Groomer Utility Payment.			
<input type="checkbox"/> December <input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March			<u>AMOUNT</u> \$ _____
UTILITIES PAYMENT TOTAL			\$ _____
TOTAL REIMBURSEMENT REQUEST \$ _____			

TRAIL SPONSOR SIGNATURES			
Trail Sponsor Signature _____	Date _____	Trail Sponsor Signature _____	Date _____

TRAIL SPONSOR: Return this completed Reimbursement Request to your Parks and Recreation Unit Contact.

* FOR DNR USE ONLY * - DEPARTMENT OF NATURAL RESOURCES AUTHORIZATION		
REMARKS:		
Approved By _____	Date _____	Amount Approved \$ _____

PRD - UNIT: UPON APPROVAL FORWARD THIS REQUEST TO PROGRAM SERVICES, LANSING.

**REIMBURSEMENT REQUEST CHECKLIST
PR1858-2**

	Comments
<input type="checkbox"/> Correctly complete field boxes	
<input type="checkbox"/> Calculations are checked for accuracy	
<input type="checkbox"/> Signatures are in place	
<input type="checkbox"/> All invoices attached	
<input type="checkbox"/> Proof of payments/all cancelled checks are attached	
<input type="checkbox"/> Grooming form and spreadsheet (Bobbi)	
<input type="checkbox"/> Grooming reports (shared team room)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
DNR Field contact Signature	Club/Grant Sponsor Signature