



RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM EQUIPMENT 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
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EQUIPMENT REPLACEMENT

ITEM	\$ AMOUNT
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
EQUIPMENT REPLACEMENT SUBTOTAL \$ _____	

EQUIPMENT LEASE

ITEM	\$ AMOUNT
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
EQUIPMENT LEASE SUBTOTAL \$ _____	

EQUIPMENT WARRANTY

ITEM	\$ AMOUNT
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> Advance Payment (less \$1,000.00) <input type="checkbox"/> Balance of Advance	
EQUIPMENT WARRANTY SUBTOTAL \$ _____	

EQUIPMENT MAJOR REPAIR

ITEM	\$ AMOUNT
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> 75% Advance Payment <input type="checkbox"/> Balance of Advance	
Type of Equipment _____ Make/Model _____ Year _____	\$ _____
<input type="checkbox"/> Full one time payment <input type="checkbox"/> 75% Advance Payment <input type="checkbox"/> Balance of Advance	
EQUIPMENT MAJOR REPAIR SUBTOTAL \$ _____	
TOTAL REIMBURSEMENT REQUEST \$ _____	

TRAIL SPONSOR SIGNATURES

Trail Sponsor Signature _____	Date _____	Trail Sponsor Signature _____	Date _____
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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 \$ _____
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