



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	
EQUIPMENT REPLACEMENT			
Type of Equipment	Make/Model	Year	Amount \$
<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	Amount \$
<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			
Type of Equipment	Make/Model	Year	Amount \$
<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	Amount \$
<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			
Type of Equipment	Make/Model	Year	Amount \$
<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	Amount \$
<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			
Type of Equipment	Make/Model	Year	Amount \$
<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	Amount \$
<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

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 \$



REIMBURSEMENT CHECKLIST

DNR USE ONLY

EQUIPMENT REIMBURSEMENT REQUEST	
<input type="checkbox"/> Correctly completed field boxes	Comments
<input type="checkbox"/> Calculations are checked for accuracy	Comments
<input type="checkbox"/> Signatures are in place	Comments
<input type="checkbox"/> All invoices attached	Comments
<input type="checkbox"/> Proof of payment/all cancelled checks are attached	Comments
<input type="checkbox"/>	Comments
<input type="checkbox"/>	Comments
<input type="checkbox"/>	Comments
DNR Field Contact Signature	Club/Grant Sponsor Signature