



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				
MONTH _____		GROOMING OPERATIONS				
<u>DATE STARTED GROOMING</u>	<u>DATE ENDED GROOMING</u>	<u>TOTAL MILES GROOMED</u>				
_____ to _____		_____				
<input type="checkbox"/> December	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> Final			
GROOMING OPERATIONS SUBTOTAL			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">DNR USE ONLY \$ AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	DNR USE ONLY \$ AMOUNT	\$ _____	\$ _____
DNR USE ONLY \$ AMOUNT						
\$ _____						
\$ _____						
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 in four (4) installments during the grooming season.						
<u>CHECK ONE ONLY</u>			<u>AMOUNT REQUESTED</u>			
<input type="checkbox"/> December	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March			
			\$ _____			
UTILITIES PAYMENT 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 \$ _____

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