



RECREATIONAL AND SNOWMOBILE GRANTS PROGRAM INSURANCE, LEASE AND MISCELLANEOUS 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
-----------------------------------	----------------	------------

INSURANCE EXPENSES

See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.

ITEM			\$ AMOUNT
Comp/Collision Insurance (attach receipt and payment documentation)	<input type="checkbox"/> Partial	<input type="checkbox"/> Final	\$ _____
Liability Insurance (attach receipt and payment documentation)	<input type="checkbox"/> Partial	<input type="checkbox"/> Final	\$ _____
INSURANCE EXPENSES SUBTOTAL			\$ _____

PROPERTY LEASE EXPENSES

See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.

ITEM		\$ AMOUNT
Property Leases (attach payment documentation)		\$ _____
Total Number of Miles Leased _____	Total Number of Landowners _____	\$ _____
<input type="checkbox"/> Full one time payment	<input type="checkbox"/> 90% Advance Payment	<input type="checkbox"/> Balance of Advance
PROPERTY LEASE EXPENSES SUBTOTAL		\$ _____

MISCELLANEOUS EXPENSES

See instructions under Reimbursement Procedures in the Recreational and Snowmobile Grant Handbook.

ITEM		\$ AMOUNT	
Snow Plowing (attach receipt and payment documentation)	<input type="checkbox"/> Partial	<input type="checkbox"/> Final	\$ _____
Porta-Johns (attach receipt and payment documentation)	<input type="checkbox"/> Partial	<input type="checkbox"/> Final	\$ _____
MISCELLANEOUS EXPENSES 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.