



Department Of Natural Resources Project Billing/Reimbursement

Snowmobile Grant Programs

Final reimbursement requests must be accompanied by all required documentation (invoices, canceled checks, deeds, etc.) covering all expenditures, and are due by May 1st. Mail to: Iowa DNR, Budget & Finance Bureau, 502 E 9th St, Des Moines IA 50319.

Grant Recipient: _____ Grant #: _____

Period Covered by this Billing: From: _____ To: _____

Use the table below to list your budget items and the expenditures for each item. Follow your budget items as closely as possible.

| Budget Item | Budget Amount | Expenditures This Billing | Total Expenditures |
|---|---------------|---------------------------|--------------------|
| Groomer Operation & Maintenance | | | |
| Fuel Costs | _____ | _____ | _____ |
| Oil Costs | _____ | _____ | _____ |
| Maintenance | _____ | _____ | _____ |
| Repairs | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Lease Costs | | | |
| Lease | _____ | _____ | _____ |
| Development Costs | | | |
| Fence Openings | _____ | _____ | _____ |
| Gates | _____ | _____ | _____ |
| Temporary Bridges | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Other Costs | | | |
| Misc. Costs | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ |
| Less Expenditures In Excess of Total Authorized Project Budget Amount: | | | _____ |
| CLAIM REQUEST: | | | _____ |
| LESS ANY PAYMENT ADVANCES OF: | | | _____ |
| TOTAL CLAIM TO BE PAID: | | | _____ |

I certify that this billing is correct and just based upon actual payment(s) of record by the grant recipient, and that the work and services are in accord with the approved grant.

Club Name: _____ Phone: _____

Club Address: _____ City/State/Zip: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED