



**MINNESOTA SNOWMOBILE TRAIL ASSISTANCE PROGRAM  
TRAIL IMPROVEMENT REQUEST FOR REIMBURSEMENT**

<b>Applicant and Project Information</b>
1. Trail/Club Name (Same as Regular Grant):
2. Unit of Government Sponsor:
3. Date of Request:
4. Project Title:
5. Reimbursement Period Start Date (For This Request):
6. Reimbursement Period End Date (For This Request):

<b>7. Expenditures</b>	<b>TOTAL</b>
7A. ADMINISTRATION Explanation:	\$
7B. ACQUISITION Explanation:	\$
7C. CONSTRUCTION Explanation:	\$
7D. FACILITIES Explanation:	\$

<b>Project Cost and Balance</b>		
8. Total Cost (Sum 7A – 7D): \$	9. Total Eligible Request at 75% (Q8 * 75%): \$	10. Available Grant Balance \$                      Year
11. Total Grant Request: \$	12. Grant Balance After This Request (Q10 – Q11):	

<b>13. Development Accomplishments</b>
13A. Trail Miles Developed and/or Added to GIA System: Description:
13B. Bridges Constructed To-Date: Description:
13C. Parking Areas Developed To-Date: Description:

#### 14. Sponsor Approval

I hereby certify that the materials and/or services show on this document and/or attached invoices have been delivered, that this is my only original invoice and is correct and just and that no part of same has been paid.

<b>Approval Signatures</b>		
14A. Signature of Trail Administrator:	14B. Telephone Number:	14C. Date of Signature:
14D. Authorized Signature of Sponsor:	14E. Title:	14F. Date of Signature:

<b>15. Required Checklist</b>
15A. Yes <input type="checkbox"/> No <input type="checkbox"/> Any Bids Required?
15B. Yes <input type="checkbox"/> No <input type="checkbox"/> Original Signatures?
15C. Yes <input type="checkbox"/> No <input type="checkbox"/> Signed Work Logs?
15D. Yes <input type="checkbox"/> No <input type="checkbox"/> Invoices Included for Purchases and Services Over \$100.00?

DEPARTMENT USE ONLY		
<b>THIS INVOICE APPROVED FOR PAYMENT BY:</b>		
<b>Area Parks and Trails Supervisor</b>	Signature:	Date:
<input type="checkbox"/> Partial <input type="checkbox"/> Final	FY:	SWIFT PO:
Amount: \$	Invoice Number:	
Vendor #	Receipt #	