

Notice: This form is authorized by s. NR 50.09(4)(f), Wis. Adm. Code. Information requested on this form is required by the Department when applying for a reimbursement of eligible expenses or when requesting a supplemental payment. The Department will not consider your payment or supplemental request unless you complete and submit this form. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Itemize all project expenses and attach photocopies of proof of expenses and payments for each item listed. See reverse for additional instructions. Use additional worksheets as necessary, numbering each. Submit with Supplemental Payment Request, Form 8700-003, to your DNR Grant Specialist by August 1.

Project Sponsor	
Grant Number	Total Grant Amount

Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement						Supplemental Maintenance Request		
Date Expense Incurred	Check #	Payee	Grooming	Other	Total Amount Paid	Grooming Submitted	Other Submitted	Total Supplemental Submitted

Total Amount Paid (Should equal no more than grant amount) Copy this amount to Line 4 of Form 8700-003	\$	Total Supplemental Requested	\$
Total Project Claim (Sum of Total Amount Paid and Total Supplemental Requested) Copy this amount to Line 6 of Form 8700-003	\$		\$

This worksheet serves to itemize all project expenses under the Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement portion and also itemize all project expenses under the Supplemental Maintenance Request portion.

Snowmobile Trail Maintenance as Specified in Maintenance Grant Agreement Portion

Date Expense Incurred: Date of invoice, purchase or service rendered. Costs incurred prior to the beginning date or after the ending date of the maintenance grant agreement are not eligible for reimbursement.

Check Number: Number on check or money order used to pay the expense. Acceptable documentation includes: canceled check with front side of check containing the amount of the check digitally printed by the bank under the signature line; non-canceled check with bank statement showing check cleared account; county payroll vouchers; credit card statements.

Payee: Name of contractor, vendor, supplier, etc., to whom payment was made.

Grooming: The cost of grooming snowmobile trails based on the hourly chargeback for the use and operation of grooming equipment specified in the equipment and labor schedule established annually by the Department. Attach Trail Grooming Record(s) (Form 8700-005).

Other: The cost of maintaining a snowmobile trail other than snowmobile grooming. These costs may include posting of signs, brushing, minor repair of bridges, purchase of county liability insurance and the purchase of short-term easements or other land use agreements for a period of less than 3 years. Rates for non-grooming labor and frequently used pieces of equipment for non-grooming maintenance are specified in the equipment and labor schedule established annually by the Department.

Equipment rates for pieces of equipment not found on this list will be found in the Department of Transportation (DOT) rates. Unless specified otherwise, these rates for equipment are based on hourly use. These rates do not include the operator. Where the DOT issues rates that reflect an adjustment due to fuel rates, these rates shall be the rates utilized for the season.

Amount Paid: The actual expenditures for trail maintenance activities, services or products.

Total Amount Paid: Sum of all the expenditures. Enter this total on line 4 of the Supplemental Payment Request (Form 8700-003).

Supplemental Maintenance Request Portion

Grooming Submitted: Cost of grooming claimed above the \$250 per mile contract amount.

Other Submitted: Other non-grooming costs claimed above the \$250 per mile contract amount.

Total Supplemental Requested: Sum of grooming and non-grooming costs claimed above the \$250 per mile contract amount.

Total Project Claim: Sum of Total Amount Paid and Total Supplemental Requested. Enter this total on line 6 of the Supplemental Payment Request (Form 8700-003).