STATE OF NEW HAMPSHIRE
Department of Natural and Cultural Resources
Division of Parks and Recreation
Bureau of Trails

Mailing address:
Attn. GIA Coordinator
172 Pembroke Road
Concord, NH 03301

GRANT-IN-AID BILLING FORM

Grant #: _____ Trail Administrator: _____

Trail Administrator Email: _____

Club/Organization Name: _____

Check here is this is CASH ADVANCE request: ☐

Per Ncr 848.01: all requests for reimbursement will be accompanied by a Grant-In-Aid billing form. Attach applicable invoices, insurance documents, receipts/canceled checks. All receipts & invoices must provide sufficient detail of items/services provided. **Grooming** and **Grading** reimbursement must include **LOG SHEETS** and be received at the Bureau by the 10th of the month for the previous month's work. **Plowing** for approved lots must be accompanied by invoices indicating dates of each plow. **Construction** & **Equipment** reimbursement requests must have invoices & proof of payment attached to them. All projects and equipment paid for in part by Grant-In-Aid is subject to audit.

Project #	Invoice date	Invoice #	Vendor Name: items or services provided	Rate	Quantity	Amount to Charge to GIA
				Total Amount to Charge to GIA:		$ 0.00

Use this box below to give the GIA coordinator some notes about the projects or invoices listed above.
Ex: is your project complete with this billing? Was part of project scope not able to be completed before contract end date?
Note: this is not required, but encouraged to assist the Bureau with any information needed about individual projects.

Trail Administrator's Signature: _____ Date: _____

Authorized Trail Administrator's signature verifies that all contracted work is eligible to receive state funds,
No subcontractor has been suspended or debarred from receiving state funds.