



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**RECREATIONAL TRAILS PROGRAM CFDA 20.219**  
**REIMBURSEMENT STATEMENT**

PROJECT NUMBER	BILLING NUMBER
BILLING STATUS	<input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL

**PROJECT SPONSOR**

NAME			TELEPHONE NUMBER	
ADDRESS AS SHOWN ON FEDERAL TAX RETURN		CITY	STATE	ZIP
FEDERAL ID NUMBER				
PROJECT TITLE				
THIS BILLING INCLUDES COSTS INCURRED FROM		DATE	TO	DATE
TOTAL COSTS THIS BILLING (Should match total from Reimbursement Log)			AMOUNT REQUESTED FOR REIMBURSEMENT	

I certify that this billing is correct and is based upon actual payments of record; that payment from the state government has not been received; that work and services are in accordance with the approved project agreement including amendments thereto; appropriate procurement procedures were followed; and that progress of the work and services under the project agreement is satisfactory and is consistent with the amount billed.

NAME OF RESPONSIBLE OFFICIAL (Type or Print)	
SIGNATURE OF RESPONSIBLE OFFICIAL	
TITLE	DATE

THIS REQUEST MUST INCLUDE A COPY OF THE REIMBURSEMENT LOG AND THE NECESSARY SUPPORTING DOCUMENTATION (e.g., COPIES OF INVOICES AND CHECKS, SIGNED EMPLOYEE TIMESHEETS, VOLUNTEER TIMESHEETS, ETC.).

**COMMENTS FOR REVIEWER**