State of Wisconsin
Department of Natural Resources

Reimbursement Claim MRP/ATV Aid Project

Form 8700-188 (R 6/01)

NOTICE: This form is required to submit a claim for MRP or ATV projects, under s. 23.09(25) and 23.33, Stats., and Chapters NR 50 and 64, Wis. Adm. Code. Personally identifiable information is not likely to be used for purposes other than administering your claim.

Please include the project number on all attachments.

Instructions: Submit one copy of this form to the appropriate DNR Office (see reverse side of this form) with one copy of the following attachments.

Acquisition:
1. Reimbursement Claim Worksheet, Form 8700-187.
2. Photocopy of vouchers and canceled checks (front and back sides).

Development:
1. Reimbursement Claim Worksheet, Form 8700-187.
2. Photocopy of vendors' invoices, vouchers, and canceled checks (front and back sides).

Maintenance:
1. Reimbursement Claim Worksheet, Form 8700-187.
2. Photocopy of vendors' invoices, vouchers and canceled checks (front and back sides).

Mail Check To:

County _____

Project No. _____

Project Sponsor & Name _____

Claim No. _____

☐ Advance ☐ Partial ☐ Final

LEAVE BLANK - DNR USE ONLY

Bur. Finance Ini. _____

Date of Voucher _____

Classification	Expenditures		Amendment	This Claim
	This Claim	Submit to Date		
MAINTENANCE	$	$	$	$
ACQUISITION				
INSURANCE				
TRAIL/BRIDGE REHABILITATION				
DEVELOPMENT				
MISCELLANEOUS (specify)				
1. Total Expenditures				
A. Approved Project Amount				
B. Cost Overrun (Line 1 minus Line A)				
C. Additional Aid Amount Requested (Attach Explanation)				

Certification - I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project and the reimbursement represents the grant share due which has not been previously requested.

Signature of Authorized Official		Date
Printed or Typed Name of Authorized Official		Title
Office Phone	Home Phone	

FOR DEPARTMENT USE ONLY:

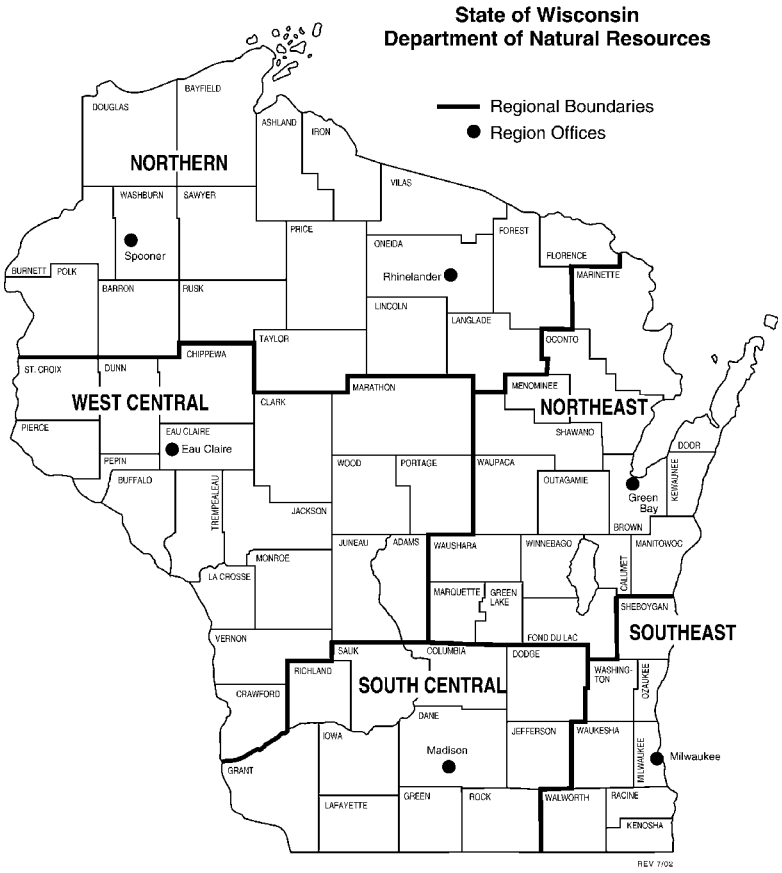
I have received this claim and find that all items represented by this claim are completed and eligible under the appropriate program guidelines.

Signature of Regional Community Service Specialist	Date Signed

DNR MAILING ADDRESSES

Motorcycle Recreation Program
Bureau of Community Financial Assistance
Box 7921
Madison, WI 53707
(608) 266-5897

All-Terrain Vehicle Trail/Area Aid Program
Select appropriate DNR Regional Office:



NORTHERN REGION
Department of Natural Resources
810 Maple Street
Spooner, WI 54801
(715) 635-4130

OR

107 Sutliff
Rhinelander, WI 54501
(715) 365-8928

WEST CENTRAL REGION
Department of Natural Resources
1300 W. Clairemont Avenue
Eau Claire, WI 54702
(715) 839-3751

NORTHEAST REGION
Department of Natural Resources
1125 N. Military Avenue
Green Bay, WI 54307
(920) 492-5821

SOUTHEAST REGION
Department of Natural Resources
Box 12436
Milwaukee, WI 53212
(414) 263-8610

SOUTH CENTRAL REGION
Department of Natural Resources
W7303 Co. Hwy. CS
Poynette, WI 53955-9690
(608) 635-8109