

Oregon State Marine Board FACILITY GRANT BILLING FORM

Recipient Name:		OSMB Grant No:	
Project Name:		EMAP No:	
Billing Period ~ mm/yyyy from:		to:	
Percent of work complete or materials stored:		Partial Payment:	Final Payment:

PROJECT FUNDING ~ IN-KIND FUNDS (soft funds) <i>NOT eligible for Reimbursement</i>			
CATEGORY	CURRENT COSTS	PREVIOUSLY INCURRED	TOTAL COSTS TO DATE
Administration			
Force Account Labor/Materials			
Force Account Equipment			
Force Account Inspection			
Force Account Permits/Lease			
System Development Charges			
Other: _____			
TOTAL IN-KIND FUNDS			

PROJECT CONSTRUCTION COSTS ~ CASH FUNDS <i>(All funding parties) Eligible for Reimbursement</i>			
CATEGORY	CURRENT COSTS	PREVIOUSLY INCURRED	TOTAL COSTS TO DATE
Property Acquisition			
Construction Contract			
Material/Equipment			
USACE/DSL Waterway Permit			
Consultant Contract			
TOTAL CONSTRUCTION COST			

Less Recipient Cash Match			
Less Other Cash Match			
AMOUNT DUE FROM OSMB			

Certification: I certify that this is a true and correct statement of all expenditures and that appropriate billing documentation to support this statement is available for inspection in the recipient's fiscal records. I further understand that payment will be withheld until all documentation is provided.

Print/Type Name: _____
Title: _____

Signature - Authorized Official: _____
Date: _____

FOR OSMB USE ONLY	Amount: \$ _____	Date: _____	Approved by: Wayne Shuyler, Facilities Manager INITIALS: _____
Payment Method: _____	Reversion: _____		