



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	\$	\$	\$
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	\$	\$	\$
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: _____		