



Snowmobile North Dakota Trail Program Bulk Fuel Form

Trail Association:	ICN#:
Diesel Fuel Meter Reading	
Beginning:	Ending:

Bulk Fuel Purchase			
Vendor Name	Number of Gallons	Cost/Gallon	Total

Fuel that was used in Groomer		
Date	Number of Gallons	Total
Total Gallons:		Total:

Trail Coordinator Signature:	Print Name:	Date:

Reminder:

1. The original receipt for the bulk fuel must accompany the bulk fuel form in order to obtain reimbursement.

THIS INVOICE APPROVED FOR PAYMENT BY (Office Use Only):

<u>Date Received:</u>	<u>Initials:</u>	<u>Date Processed:</u>	<u>Date Paid:</u>	<u>Amount:</u>	<u>Check#:</u>