NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION
SNOWMOBILE TRAIL GRANT-IN-AID

ATTACHMENT C (Equipment Leased or Rented)

TME Name _____ Period Covered _____
Local Sponsor _____ Page _____ of _____

Date	Type of Equipment	First & Last Name of Equipment Operator	Description of Work & Location by Trail #	Date Paid	Check or Voucher # (IN) In Kind (D) Donated	# of Hours	$ per hr. /per day	Total
								$0.00
								$0.00
								$0.00
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								$0.00

This form will be used to clarify equipment rentals from vendors. Attach a copy of statements or receipts from vendors to submit to the Local Sponsor. Do not exceed the rental rate listed in the attachment guidelines. If the equipment is purchased, the rental rates cannot be used. This form will be used to clarify documentation.

Total $0.00