State of California - Department of Boating and Waterways, 2000 Evergreen Street, Suite 100, Sacramento, CA 95815-3833 (916) 263-8194

DBW-AWAF-4 (3/12)

AWAF REIMBURSEMENT CLAIM FORM

NOTE: *Claim form and invoices must be submitted in TRIPLICATE*

AGENCY NAME (Grantee): (Reimbursement check will be payable to the agency listed below)			CONTRACT NUMBER:
MAILING ADDRESS	CITY	STATE CA	ZIP
CONTACT NAME	PHONE	EMAIL	

WATER HAZARD DESCRIPTION

NAME OF VESSEL OR DESCRIPTION OF WATER HAZARD	CF# or HIN	LENGTH	GPS COORDINATES	STATEMENT OF SERVICE(S)	DATE(S) OF SERVICE	COST

I certify under penalty of perjury that I have completed the adjudication process as defined in Harbors and Navigation Code sections 502, 503, 504, 523, and have attached documentation (photos, receipts, invoices) of the completion of that process regarding all vessels listed on this claim form.

*** Itemized 10 percent contribution statement must accompany this form.**

Sub Total	**$** 0.00
Less 10% Match*	**$** 0.00
Total Reimbursement Request	**$** 0.00

By signing below, you agree that the above information is accurate and complete

Approval Signature	Name of Approver (print or type):	Telephone:
	Title (print or type):	Date: