



VESSEL TURN-IN PROGRAM (VTIP) REIMBURSEMENT CLAIM FORM
NOTE: Claim form and invoices must be submitted in TRIPLICATE

AGENCY NAME: (Check will be payable to the agency listed here)			CONTRACT NUMBER:		
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
CONTACT NAME:			PHONE:		
			EMAIL:		

SURRENDERED RECREATIONAL VESSEL INFORMATION

CF # or HIN	NAME	VESSEL LENGTH	STATEMENT OF SERVICE (Tow, Removal, Storage, etc.)	DATE OF SERVICE	COST
			Release of Interest Obtained <input type="checkbox"/>		
			Release of Interest Obtained <input type="checkbox"/>		
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TOTAL EXPENDITURES	\$
MINUS 10% MATCHING CONTRIBUTION (If applicable) Itemized 10 percent contribution statement must accompany this form	\$
TOTAL REIMBURSEMENT REQUESTED	\$

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

Approval Signature:	Name of Approver: (Print)	Telephone Number:
X	Title: (Print)	Date: