State of California
Division of Boating & Waterways

REIMBURSEMENT CLAIM – National Safe Boating Week Summary Form

Agency Name (Grantee) (Check will be made payable to the party listed below)	Grant Number
Mailing Address	Invoice Number(s)

Budget Line Item #	Item	Item Approved Budget Page? (Y/N)	Cost	Qty.	Ext.
	Total				$

The above information is accurate and complete according to the contract. I affirm that all items were purchased in accordance with the contract or any approved extension.

Program Director Signature-Authorized	Print Name and Title	Telephone Number	Date Signed