Snowmobile North Dakota Trail Program
Contract Groomer Operator Timecard

Club/Trail Association_____

Date_____ **Miles Groomed_____**

Beginning Time_____ **Ending Time_____**

Please describe the Trail Conditions (Temperature, Inches of snow, Snow contrast, etc.)

_____

_____

_____

Beginning Mileage/Hours:_____ **Ending Mileage/Hours:_____**

Total Hours Groomed:_____

Reimbursement Requested:

Total Groomer Miles:_____ at $10.00 per mile =** **$_____

Total Reimbursement: **=** **$_____**

_____	_____	_____	_____
Operator Signature	**Print Name**	**Phone Number**	**Date**
_____	_____	_____	_____
Trail Coordinator Signature	**Print Name**	**Phone Number**	**Date**

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

Date Received:	Date Processed:	Initials:	Date Paid:	Amount:	Check#: