

## Snowmobile North Dakota Trail Program State Owned Groomer Timecard

Club/Trail Association \_\_\_\_\_ ICN# (refer to equipment list) \_\_\_\_\_

Date \_\_\_\_\_ Begin Time \_\_\_\_\_ Ending Time \_\_\_\_\_ Total Operator Hrs \_\_\_\_\_

**Beginning:**                      **Ending:**                      **Total:**  
Miles \_\_\_\_\_ Miles \_\_\_\_\_ Miles \_\_\_\_\_  
Hours \_\_\_\_\_ Hours \_\_\_\_\_ Hours \_\_\_\_\_

PLEASE USE SEPARATE  
TIME CARDS FOR EACH  
GROOMER OPERATOR!

### Pre & Post-Shift Check List (Warm Machine Up for 30 Minutes)

**E=Excellent G=Good F=Fair P=Poor**

(Complete section during Post Inspection.)

|                   |                    |                        |                           |                    |
|-------------------|--------------------|------------------------|---------------------------|--------------------|
| ___ Engine Oil    | ___ Radiator       | ___ Wipers             | ___ Brakes                | ___ Flashlight     |
| ___ Amt. Added    | ___ Belts          | ___ Idler Wheels       | ___ Radio                 | ___ Shovel         |
| ___ Main Hyd. Oil | ___ Lights         | ___ Track Condition    | ___ Fire Extinguisher     | ___ Horn           |
| ___ Amt. Added    | ___ Track Tension  | ___ Fuel               | ___ Idler Wheels/Bearings | ___ Battery/Cables |
| ___ Aux. Hyd. Oil | ___ Gauges         | ___ Back Up Alarm      | ___ Drive Line            | ___ Sprockets      |
| ___ Amt. Added    | ___ Suspension     | ___ Transmission/Leaks | ___ Starters/Engine Idle  | ___ Grease Zerks   |
| ___ Transfer Case | ___ Cooling System | ___ Steering System    |                           | ___ Rear End/Leaks |
| ___ Tool Kit      | ___ Drag           |                        |                           |                    |

**Checked By** \_\_\_\_\_  
Print Name

### Snow Conditions

Trail Conditions \_\_\_\_\_  
Weather Conditions \_\_\_\_\_

### Reimbursement Requested:

**Total Operator Hours:** \_\_\_\_\_ @ **\$9.00/hour** = \$ \_\_\_\_\_

**Donating Time**

\*Please check if you are donating your time and requesting no reimbursement for operation  
\*Make sure to reflect your total operator hour

**Groomer Operator Training**

\*Please check if you were training a new Certified Groomer Operator  
\*Certified Trainee: \_\_\_\_\_ (Name of trainee)

**Groomer Passenger:** \_\_\_\_\_ @ **\$20.00/time** = \$ \_\_\_\_\_

**Groomer Operator Name:** \_\_\_\_\_

\*(Passenger must complete separate timecard from Groomer Operator and can only request reimbursement twice)\*

**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):

|                       |                        |                  |                   |                |                |
|-----------------------|------------------------|------------------|-------------------|----------------|----------------|
| <b>Date Received:</b> | <b>Date Processed:</b> | <b>Initials:</b> | <b>Date Paid:</b> | <b>Amount:</b> | <b>Check#:</b> |
|                       |                        |                  |                   |                |                |