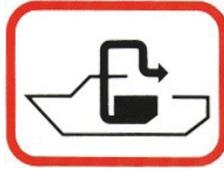


MARYLAND PUMPOUT PROGRAM



2016 Pumpout O&M Reimbursement Invoice

Date: _____

Official Marina Name & Address:

Federal ID# _____

All marinas with a 2016 Pumpout O&M application on file should submit a reimbursement invoice, even if no reimbursement is being requested. Reimbursement invoices will only be accepted from **NOVEMBER 15, 2016- JANUARY 15, 2017** and no reimbursement invoice will be processed without an approved Pumpout O&M application on file. Only those marinas whose eligible expenses exceed their pumpout income are eligible to receive a reimbursement.

Amount Requested \$ _____
Pumpout O&M grant worksheet must be attached.

I hereby certify that the above information is true and correct, that I have met all the 2016 Pumpout O&M terms and conditions.

X _____
Print Name

Mail to:

Ms. Christie Martinez
Boating Services Unit
580 Taylor Avenue, E4
Annapolis, MD 21401

X _____
Authorized Marina Signature