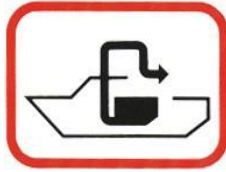


MARYLAND PUMPOUT PROGRAM



2017 Pumpout O&M Reimbursement Invoice

Date: _____

Official Marina Name & Address:

Federal ID# _____

All marinas with a 2017 pumpout O&M grant application on file should submit a reimbursement invoice, even if no reimbursement is being requested. Reimbursement invoices will only be accepted from **NOVEMBER 15, 2017- JANUARY 15, 2018** and no reimbursement invoice will be processed without an approved pumpout O&M grant 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 2017 Pumpout O&M terms and conditions.

X _____
Print Name

X _____
Authorized Marina Signature

Mail to:

Pumpout Program
Chesapeake and Coastal Service
580 Taylor Avenue, E-2
Annapolis, MD 21401