State of California Division of Boating & Waterways REIMBURSEMENT CLAIM – Scholarship 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 #	Course Name / Description	Date(s) Conducted	Item Appear Approved Budget Page? (Y/N)	Number of Students Per Course	Cost of Student per course	Cost Extension
						1

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
Flogram Director Signature-Authonzed			Date Signed
		1	1
		1	1
		1	1
		1	1