



# LANDOWNER REIMBURSEMENT FORM

To receive the reimbursement for implementing your Forest Care plan, fill out this form, include appropriate receipts, and mail to:

**Forest Care**  
**602 S. Tippecanoe Avenue**  
**San Bernardino, CA 92408**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

<b>Equipment Reimbursement Rates:</b>	<b>Hourly Rate</b>	<b>Daily Rate</b>	<b>Weekly Rate</b>
Chainsaw.....	\$8.75.....	\$70.00	
Pole Saw.....	\$5.63.....	\$45.00	
Pick Up.....	\$.98 mile		
Stakeside.....	\$1.64 mile		

**Receipt required for reimbursement on the following items:**

Chipper (6" material).....	\$24.38.....	\$195.00	
Dozer Type II.....	\$177.88.....	\$1,423.00	
Skid Steer 50-69 HP.....	\$64.00.....	\$512.00	
Roll Off Bin (30 cu. Yard).....			\$424.76 (1 dump)
Roll Off Bin (40 cu. Yard).....			\$444.47 (1 dump)

**Rates include all consumables, including but not limited to gas, oil and chain expenses.**

**\*\* If contractor was used only 1 entry is necessary for all work performed. Copy of contractor invoice required.**

<b>Equipment Used</b>	<b>√ if Rented</b>	<b>Date</b>	<b># of hrs, miles, days or weeks</b>	<b>Total</b>
<b>Total</b>				

**Total Reimbursement Requested**   
 (75% of total eligible for reimbursement)