



Form FIM01

Maine Film Office
Film In Maine Reimbursement Grant Pilot
Grant Reimbursement Worksheet

Contact:
Steve Lyons
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Certified Production Company Name
Name of Production
Address
City State Zip
EIN
Funding Request #
Production Start Date
Production End Date

- 1. Certified production wages paid to Maine resident individuals \$ .00
2. Reimbursement requested for Maine Resident individuals. (Multiply line 1 by 25%) \$ .00
3. Certified production wages paid to nonresident individuals \$ .00
4. Reimbursement requested for nonresident individuals. (Multiply line 3 by 20%) \$ .00
5. Total non-payroll expenses being claimed (Receipts required) \$ .00
6. Total non-payroll reimbursement requested (Multiply line 5 by 25%) \$ .00

NOTE: MFO may request additional information supporting the reimbursement claimed before the application can be processed.

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge believe it is true, correct and complete. Declaration of preparer (other than grant recipient) is based on all information of which the preparer has any knowledge.

Signature
Title
Paid Preparer's EIN
Date
Telephone

Contact Person's Name
Contact person's Email Address
Telephone