HAWK CREEK WATERSHED PROJECT COST-SHARE VOUCHER

PAYEE INFORMATION	PRACTICE INFORMATION		
Name	Contract Identification		
Address	Completion Date		
City, State, Zip Code	Practice Type	Practice Area	Acres Completed

COST INFORMATION Basis of Request ☐ Installation ☐ Reinstallation Type of Request ☐ Partial ☐ Final

R / I	ITEM	COST
	TOTAL	

R: Receipt/Invoiced Item **I: In-kind Contribution**

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

PAYEE SIGNATURE **DATE**

PAYMENT INFORMATION

A. Total cost of practice (if final) $ _____ _____ % approved (from contract)

B. Eligible amount (A x % approved) $ _____

C. Total other state and federal payment amount $ _____

D. Total previous partial payments $ _____

E. Maximum payment amount (B-C-D) $ _____

C. Other state and federal payment sources and amounts:

Source	Amount
	$
	$
	$

COST-SHARE PROGRAM (HCWP and other funds combined cannot exceed 75% of total cost)

Landowner cost	$	%
+ Other funds (C)	$	%
+ HCWP funds (D + E)	$	%
= Total cost of practice (A)	$	100.00%

ADMINISTRATIVE CERTIFICATION

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and billed cost or disbursements are accurate and are in accordance with terms of the program identified.

HAWK CREEK WATERSHED PROJECT AUTHORIZED SIGNER **DATE**

Effective October 5, 2015