

## INVOICE

Detailed instructions [online](#).

**Easement Number**

Payee Name

Co-Payee Name, if any

Payee Address

City

State

Zip

Practice Type

Practice Area(s)

Acres Treated

Is Payee interested in [electronic payment](#)?

Yes

No

Is this the final reimbursement request for this practice? Yes No

**Note:** To ensure funding availability, submit PIRRs within 3 years of easement recording or PIRF approval (whichever is applicable).

**Completed activity/item(s) purchased for this practice – Attach supporting documents** **Cost**


**TOTAL COST**

**RIM funding for this practice** **Amount**

1. Maximum RIM funding available from Conservation Plan for this practice	
2. Additional RIM funding from approved PIRF for this practice, if applicable	
3. Previous RIM reimbursements for this practice	

**TOTAL RIM FUNDING**

**Non-RIM funding source(s) for this practice, if any** **Amount**

4.	
5.	
6.	
7. Landowner obligation – cost not covered by other funding	

**TOTAL NON-RIM FUNDING**

**RIM REIMBURSEMENT REQUEST FOR THIS PRACTICE:**

Remaining RIM funding available for this practice following reimbursement:

**Payee Certification:** I certify that the above information is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used for this practice implementation. In cases where the attached receipts include items not used on this project, I have corrected them accordingly.

Payee Signature

Date

**Soil and Water Conservation District/Local Government Unit Certification:** I certify that the above activities/items have been completed/ purchased and meet RIM practice standards and specifications. Further, I have reviewed this reimbursement request and all supporting information and that, to the best of my knowledge and belief, the quantities and costs are accurate.

SWCD/LGU Signature

Date

**BWSR Technical Certification:** As BWSR staff with the technical expertise and authority to review and approve project plans, I certify that the above activities/materials and costs meet RIM practice standards, specifications, and program requirements.

BWSR Technical Approval Signature

Date

Notes