

**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 \_\_\_\_\_