

## RIM COST REIMBURSEMENT REQUEST

## **INVOICE**

This is a reimbursement request for costs incurred by the Soil and Water Conservation District (SWCD) or other Local Government Unit (LGU) during implementation of the Minnesota Board of Water and Soil Resources (BWSR) Reinvest in Minnesota (RIM) Program. Use one form per easement, unless requesting reimbursement for boundary marking posts and/or hardware. For posts or post costs attach a list of posted easements. If "Other" is selected, write in additional text to describe. Support all requests by attaching documentation of invoiced amount, payment amount, and payment date.

| SWCD/LGU Name                     |                   | Easement Number |         |           |      |  |
|-----------------------------------|-------------------|-----------------|---------|-----------|------|--|
| Address                           | City              |                 |         | State Zip |      |  |
|                                   | Reimbursable Cost |                 |         | Amount    |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 | TOTAL C | OST.      |      |  |
|                                   |                   |                 | TOTAL   | .031      |      |  |
| SWCD/LGU Approval                 |                   | <br>Date        | -       |           |      |  |
| BWSR USE ONLY:                    |                   |                 |         |           |      |  |
| Invoice #                         |                   |                 |         |           |      |  |
| Supplier #                        |                   |                 |         |           |      |  |
| Appropriation ID                  | Purchase Order #  | Receipt #       |         | Am        | ount |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
| Easement Section Admin Approval   |                   | Date            |         |           |      |  |
|                                   |                   |                 |         |           |      |  |
| Fasement Section Manager Annroval |                   | Date            | _       |           |      |  |