

CWMA Cost Share Landowner Reimbursement Cover Sheet

CWMA NAME: _____

AOP PROJECT: _____

AOP PROJECT PRIORITY: _____

IS THIS LANDOWNER REIMBURSEMENT GREATER THAN \$10,000.00

NO

YES*

*If yes, include the letter of approval from ISDA for this reimbursement

LANDOWNER NAME: _____

DATE SUBMITTED TO
CWMA: _____

AMOUNT TO
REIMBURSE: \$ _____

ARE THERE ADDITIONAL LANDOWNERS AS A PART OF THIS REIMBURSEMENT: YES NO

LANDOWNER 1: _____	AMOUNT: \$ _____
LANDOWNER 2: _____	AMOUNT: \$ _____
LANDOWNER 3: _____	AMOUNT: \$ _____
LANDOWNER 4: _____	AMOUNT: \$ _____
LANDOWNER 5: _____	AMOUNT: \$ _____

*Include a statement as to how Landowners relate to one another

BACKUP DOCUMENTATION FOR LANDOWNER REIMBURSEMENT:

Actual Copy of Receipt/Invoice of services/supplies purchased by Landowner (Make sure All Names Match)

Proof of processed payment by Landowner for services or supplies (copy of check, warrant, or credit card receipt)

Proof of payment by the Recipient to the landowner (copy of check or warrant)

Herbicide Application report, for herbicides purchased or professional applicator services

Landowner In-Kind Match Form (Cost Share Handbook Exhibit 11 & 12)

For Reimbursement to multiple Landowners, include additional items

When Landowner point of contact receives reimbursement, they will need to provide proof of reimbursement to additional members have been reimbursed

APPROVAL OF
EXPENDITURE BY
AGREEMENT
APPLICANT: _____

Date: / /