

GBERBA CONSERVATION DRAINAGE COST-SHARE VOUCHER and PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Contract No.: _____ CWP Total Amount Authorized: _____
 319 (from contract)

Item	Quantity	Unit	Unit Price	Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

TOTAL PROJECT COST: **\$0.00**

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 AND CERTIFICATION INFORMATION

A. Type of request (Partial or Final): _____

B. Total cost of practice (if final): _____ % approved (from contract)

C. Eligible amount (total cost x % approved) \$0.00

D. Drainage Authority Assistance: \$0.00

EQIP (Federal Funding): _____

Other State Cost-Share: _____

E. Total previous partial payments: _____

F. Maximum payment amount (C - D - E) \$0.00

Amount Approved for This Voucher:

(cannot exceed Total Amount Authorized)

**County Drainage Authority, SWCD Board or
County Board of Commissioners**

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Cost Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

I certify that I have reviewed this voucher and all supporting information, including invoices and paid receipts, 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 contract identified.

**GBERBA Policy or Executive Board
Approval**

Technical Representative

Authorized Signature - County/SWCD

Authorized Signature

Date

Date

Date