



Landowner Incentive Program Request for Reimbursement

For partial or full reimbursement fill out this form and submit it with all receipts and invoices (original receipts or legible copies) related to the costs of the approved project. You must also submit an IRS W-9 for tax purposes.

Name:	
Address:	
Phone:	
Funded Practice:	
LIP ID:	
Revision Request No:	

Please check the reimbursement option for which funding is requested:

Option 1: Full reimbursement upon completion of the project.

Option 2: Partial reimbursement on a quarterly basis. If a partial payment is being requested, please use the % of total cost reimbursable (see the reimbursement rates on your application), not the \$/unit max.

Budget Item <small>(Items you are asking for reimbursement on. Group together like items)</small>	Cost of Item <small>(Provide copies of all receipts and in-kind labor)</small>	Approved BMP Reimbursement <small>(total amount approved in application)</small>	Current Request <small>(what you are asking for today) For Option 2: use % of total cost</small>	Year-To-Date Request <small>(include previous reimbursement, if any, & current expenditure)</small>	Balance Remaining <small>(Year-to-Date subtracted from the Award Amount)</small>
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
In-kind labor (attach tracking form)	\$				
TOTAL	\$	\$	\$	\$	\$

Signature of Applicant _____ Date _____

FOR OFFICE USE

Approval Signature	Date	LIP ID
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