



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.

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. Must have selected this option on the application to be eligible.

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>(amount approved in application)</small>	Current Request <small>(what you are asking for today)</small>	Year-To-Date Request <small>(include previous reimbursement, if any, & current request)</small>	Balance Remaining <small>(Year-to-Date subtracted from the approved BMP reimbursement)</small>
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
In-kind labor (attach tracking form)	\$				
PROJECT TOTAL	\$	\$	\$	\$	\$

Signature of Applicant Date

FOR OFFICE USE

Approval Signature	Date	LIP ID
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