



WoodsWISE



Incentives to Stewardship Enhancement

Technical Assistance – Claim for Payment

Landowner:
PAYEE Name:

Address:

Social Security OR Federal ID #: _____ *(required)*

I am hereby making claim for reimbursement for the following Technical Assistance (TA) tasks:
(fill in all blank items for each practice/component/task):

program:	practice:	component:	task:	actual extent/units:	actual amount paid:
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

The TA tasks were completed by _____
(Stewardship Forester)

as of _____ *(date)* in the town of _____.

Landowner signature(s) _____ Date _____

MFS use only below line

District Forester name: _____

TA tasks meet applicable standards: _____ Yes _____ No

Documentation complete/acceptable: _____ Yes _____ No

Verification of actual practice/component/task extents/cost:

District Forester signature: _____

Reimbursement payment authorized:

Signature of Division Director:

Date _____