



**TENNESSEE DEPARTMENT OF AGRICULTURE  
WATER RESOURCES PROGRAM  
WORKSHEET FOR PAYMENT OF TECHNICAL ASSISTANCE THROUGH A  
CONTRIBUTION AGREEMENT**

**GRANTEE:** \_\_\_\_\_

**STATE FISCAL YEAR:** \_\_\_\_\_

**NAME OF TECHNICIAN:** \_\_\_\_\_  
(print)

TIME PERIOD COVERED BY THIS PAYMENT REQUEST	
<b>Begin Date:</b>	<b>End Date:</b>
<b>Jobs Performed:</b>	
<b>Total Hours Worked this Period:</b>	
<b>Hourly Rate:</b>	
<b>Total Charges:</b>	
<b>TDA Portion of Total (1/3):</b>	

I certify that this record is accurate to the best of my knowledge.

\_\_\_\_\_  
Technician's Signature

\_\_\_\_\_  
Date

**Reviewed and Submitted for Payment:**

\_\_\_\_\_  
Technician's Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCD Board Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
TDA Watershed Coordinator

\_\_\_\_\_  
Date

**Approved for Payment:**

\_\_\_\_\_  
TDA Water Resources

\_\_\_\_\_  
Date