



**TENNESSEE DEPARTMENT OF AGRICULTURE
 WATER RESOURCES PROGRAM
 WORKSHEET FOR 10% TECHNICAL ASSISTANCE PAYMENT**

GRANTEE: _____

STATE FISCAL YEAR: _____

Cooperator:		Farm #		Tract#	
Task	Hours on Task	Labor Rate	Total Charge	Technical Provider	Assistance Date
Total Hours			Total Charges		

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