

Request for Conservation Equipment Reimbursement Form

Instructions: Fill out the information below for the purchase of conservation equipment. This form must be approved by the SWCD Chairman and applicable TDA Area Watershed Coordinator prior to submittal. Form must be submitted via email to Katherine.E.McBride@TN.gov.

Organization Name: _____

Equipment/ Motor Vehicle Make and Model:		Serial Number or Vehicle Identification Number (VIN):	
Location Equipment is stored; please provide a brief description (e.g., "district office") and an address:		Is this equipment stored under a roof like a shed or a barn?	YES ☐ NO ☐
Current Rental Fee: (include units: \$/per___)		Tag Number**:	

***As part of State contracts for the Agricultural Resources Conservation Fund, equipment is required to be tagged by the grantee. The Grantee (i.e. the district) may choose the format and type of tracking. For example, an identifying code can be applied to the equipment with spray paint and stencils. Applying a GPS tracker is also acceptable and recommended.*

Purchase Date:	Purchase Price:	State Contribution:	Match Contribution	Total Reimbursement Request:

Advance payment needed? Yes ☐ No ☐

Proof of purchase is required to receive equipment reimbursement and must be completed in accordance with ARCF Guidelines. If you mark yes for advance payment proof of commitment must be attached. Accepted examples include: Proof of downpayment or deposit with supplier, or purchase order. Quotes will NOT be accepted;

All documentation and calculations pertaining to the above request have been reviewed and payment is approved.

Chairman: _____ Date _____

Watershed Coordinator: _____ Date _____

TDA USE ONLY

Approved: _____ Date _____

PO#:		Receipt #:		Voucher#:		Date Paid:	
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