



STATE OF NEW HAMPSHIRE
 Department of Natural and Cultural Resources
 Division of Parks and Recreation
 Bureau of Trails

**RECREATIONAL TRAILS PROGRAM
 BILLING FORM**

BUREAU OF TRAILS USE ONLY	
Vendor code:	_____
Encumbrance:	_____
\$ Approved:	_____
Approved by:	_____
Month(s) Expense incurred:	_____
Charge to:	_____
Today's date:	_____
Invoice #:	_____

Grant #: _____ --- _____
 Grant Administrator: _____
 Organization: _____
 Organization Address: _____
 City/Town: _____ State: _____ Zip: _____

Attach applicable invoices receipts/cancelled checks/forced labor records. All receipts invoices must provide sufficient detail of items/services provided. All billing submittals must be accompanied by PROGRESS REPORT FORM.

Vendor Name: items or services provided & Total amount of invoice	Invoice #	Invoice Date	Payment Method	Check # or last 4 digits of CC	Amount to Charge to RTP
Total Amount to Charge to RTP:					

Project Administrator's Signature: _____ Date: ___/___/___ Authorized Project Administrator's signature verifies that all contracted work is eligible to receive federal funds, No subcontractor has been suspended or debarred from receiving federal funds. SIGNED UNDER PENALTY OF PERJURY.
