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

BUREAU OF TRAILS USE ONLY

Vendor code: _____
Encumbrance: _____
$ Approved: _____
Approved by: _____
Month(s) Expense incurred: _____
Charge to: _____
Today's date: _____
Invoice #: _____

RECREATIONAL TRAILS PROGRAM BILLING FORM

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:	$0.00

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.