



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



**RECREATIONAL TRAILS PROGRAM
 MATCH RECORD**

Grant #: _____ --- _____ Project Administrator: _____
 Organization: _____

Attach applicable invoices/receipts/cancelled checks/work force labor records. All receipts/invoices must provide sufficient detail of items/services provided. All match submittals must be accompanied by PROGRESS REPORT FORM.
 Record *unpaid volunteer labor* on VOLUNTEER LABOR MATCH RECORD.

Vendor Name: items or services provided	Invoice Number	Invoice Date	Purchase Method	Check or last 4 digits of CC	Line Value
Total Match Value:					

Project Administrator's Signature: _____ Date: ___/___/___
 (Not valid unless signed & dated)