



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



RECREATIONAL TRAILS PROGRAM BILLING FORM

Grant #: _____ Project Administrator Name: _____

Project Administrator E-mail: _____

Organization: _____

Check here is this is CASH ADVANCE request: _____

Attach applicable invoices receipts/cancelled checks/labor records. All receipts invoices must provide sufficient detail of items/services provided. All billing submittals must be accompanied by PROGRESS REPORT FORM. All projects & equipment paid for in part by RTP is subject to audit.

Vendor Name & items or services provided	Invoice Date	Invoice #	Invoice total	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.