



**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 Date	Invoice Number	Invoice Total	Purchase Method	Check or last 4 digits of CC	Line Value
<b>Total Match Value:</b>						

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