



**TENNESSEE DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL RESOURCES CONSERVATION FUND  
 WORKSHEET FOR 10% TECHNICAL ASSISTANCE PAYMENT**

**GRANTEE:** \_\_\_\_\_

**STATE FISCAL YEAR:** \_\_\_\_\_

Cooperator:		Farm #		Tract#	
Task	Hours on Task	Labor Rate	Total Charge	Technical Provider	Assistance Date
<b>Total Hours</b>			<b>Total Charges</b>		

I certify that this record is accurate to the best of my knowledge, and does not represent a duplicate reimbursement for the hours worked.

\_\_\_\_\_  
 Technician's Signature

\_\_\_\_\_  
 Date

**Reviewed and Submitted for Payment:**

\_\_\_\_\_  
 Technician's Supervisor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 SCD Board Chairman

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 TDA Watershed Coordinator

\_\_\_\_\_  
 Date

**Approved for Payment:**

\_\_\_\_\_  
 TDA Water Resources

\_\_\_\_\_  
 Date