

# RR FMP PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

**PAYEE AND COST INFORMATION**

Name: \_\_\_\_\_ Contract No.: RR FMP

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Total Amount Authorized : \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_ % Approved States Funds: 90% (state)

Item	Quantity	Unit	Unit Price	Cost

**PROJECT COST:**

**PAYMENT AND CERTIFICATION INFORMATION**

- A. Type of request (partial or final): \_\_\_\_\_ Final
- B. Total cost of practice to date: \_\_\_\_\_
- C. Eligible amount (\$300 + \$9/ac) X 90% or 90% of total eligible cost, whichever is less: \_\_\_\_\_ (State Funds) - max 640 ac
- ~~D. Total other state payment amount:~~ \_\_\_\_\_
- E. Total non-state payment amount: \_\_\_\_\_
- F. Total previous partial payments: \_\_\_\_\_
- ~~G. Pre-Construction Cover payment amount:~~ \_\_\_\_\_
- H. Maximum payment amount \_\_\_\_\_

**Amount Approved for This Voucher:**   
(cannot exceed Total Amount Authorized)

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

<b>Payee Signature</b> _____	<b>Date</b> _____
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I certify that an inspection has been performed and as-built received and that the items identified under the Cost Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

I certify that I have reviewed this voucher and all supporting information, including invoices and paid receipts, and that to the best of my knowledge and belief, the quantities and billed cost or disbursements are accurate and are in accordance with terms of the contract identified.

\_\_\_\_\_  
**Technical Assistance Provider**

\_\_\_\_\_  
**Administrative Sign-off**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**