

# LANDOWNER ASSISTANCE PROGRAM IN-KIND WORKSHEET

To be retained by weed board

NW4	NE4
SW4	SE4

Twp \_\_\_\_\_ Rng \_\_\_\_\_ Sec \_\_\_\_\_

## ITEMIZE YOUR CHEMICAL AND LABOR COSTS HERE

Chemical Name	Gallons/Quarts	Chemical \$
Application by Landowner	Number of Hours	Number of Acres
Commercial Application	Applicator Name	Application Cost
		\$
Equipment Used/Mileage (enter the number of miles traveled or days equipment was used)		
Days	Backpack Sprayer	
Days	ATV Sprayer	
Days	Trailer	
Days	Boat (powered)	
Days	Boat (un-powered)	
Days	GPS Unit	
Miles	Sedan	
Miles	Light Truck	
Miles	Heavy Truck	

Spray dates: \_\_\_\_\_

I hereby certify that the above is an accurate account of the work done.

Landowner Name		Date
Complete Address		Telephone
City	State	Zip Code