



Invasive Species Herbicide Cost Share Reimbursement Form

Municipality (town/city): _____

Department overseeing project: _____

Address: _____ Phone Number: _____

Herbicide Applicator Name: _____

Pesticide Applicator's License Number: _____ Phone Number: _____

Treatment Site Location(s); and Special Permit Number(s) (SP#), if Applicable

Sites	Address or Coordinates	SP#
1		
2		
3		
4		

(If more than 4 sites were treated, please provide this information on a separate piece of paper.)

List of Invasive Species Treated at each Site

Sites	List of upland invasive plants treated at Each Site
1	
2	
3	
4	

(If more than 4 sites were treated, please provide this information on a separate piece of paper.)

List of Herbicides Purchased from November 1st to October 31st:

Herbicide Name	EPA Registration No.	Date Purchased	Quantity	Cost
				\$
				\$
				\$
				\$
Total Cost of Herbicides Purchased				\$

 Print Name of Applicant

 Signature

 Date

Please include copies of invoices with application submission

Submission deadline is November 1st

DAMF Office Review

Date Received: _____ Date Reviewed: _____

Was application form submitted by November 1st? Yes ___ No ___

Did the form submission include copies of invoices? Yes ___ No ___

Does the purchase meet the requirements? Yes ___ No ___

Reimbursement Amount \$ _____

Approved By: _____ Date Approved: _____

Submit completed application to:

Douglas Cygan
 Invasive Species coordinator
 NH Dept of Agriculture, Markets & Food
 29 Hazen Dr., Concord, NH 03301
 603-271-3488
douglas.cygan@agr.nh.gov