

NOXIOUS WEED COST SHARE APPLICATION

Form must be postmarked by **September 30th** (if more time is needed for fall spraying, call Jerry at (701) 328-1919.

ORIGINAL RECEIPTS FOR CHEMICAL AND/OR CUSTOM SPRAYING must be included with this form or cost share cannot be paid. *Receipts will be returned with your cost-share check.*

Please complete the following form as accurately as possible for leafy spurge or other noxious weeds sprayed on *school trust lands*. If you haven't used our program before, please call Jerry Saude at the ND Department of Trust Lands, (701) 328-1919, to approve funding prior to spraying. This form can also be downloaded from our web site.

Indicate area sprayed on section outlined below.

NW4	NE4
SW4	SE4

Twp _____ Rng _____ Sec _____

What equipment did you use to spray?
 (Check all that apply)

- Field Sprayer w/ Booms
- Field Sprayer w/wand and hose
- ATV w/sprayer
- Small Hand Sprayer
- Other: _____

ITEMIZE YOUR CHEMICAL AND LABOR COSTS HERE		
Chemical Name	Gallons/Quarts	Chemical \$
Self Application	Self Labor \$	
# of Hours _____ *	\$/Hour _____	
OR	\$/Acres _____	
# of Acres _____		
Custom Application (Attach Receipts/Bills)		Custom \$

* = # of People Spraying _____

Spray dates: _____ & _____

Targeted Weed(s): _____

Estimate Acres _____

**I hereby certify that the above is an accurate account of the work done.
 Forms postmarked after September 30th will not be paid.**

Lessee Name _____
 Complete Address _____
 City, State _____ Zip Code _____

Date _____
 Telephone _____

I hereby confirm that the above-described leafy spurge or other noxious weeds were controlled.

 County Weed Control Officer

 County

 Date