



COOPERATOR PROGRAM PAYMENT WORKSHEET (RECEIPTS ATTACHED)

1. Cooperator Name:		
2. ProTracts Contract Number:		
3. Program: EQIP WHIP	CSP COUNTY DATCP	
4. Practice Number/Name/Field #/Year:		
 Component Documentation: Number the receipt/invoice to correspond with the appropriate line below. Line-out receipts for items not being paid. 		
Column A	Column B	Column C (E.C.S.)
Contractor/Supplier Name:	Component:	Eligible Cost Share Amount:
1.		\$0.00
2.		\$0.00
3.		\$0.00
4.		\$0.00
5.		\$0.00
6.		\$0.00
7.		\$0.00
8.		\$0.00
9.		\$0.00
10.		\$0.00
E.C.S. Total: \$0.00 Cost Share Rate: 70% C/S On CCC-1245: \$0.00 Modification made to the contract and/or conservation plan.		
Payment request Approved by:		
Field Office Representative Date: 06/17/14		
Form CCC-1245, Practice Approval and Payment Application (signed by all parties to the contract).		
Cooperator Program Payment worksheet (not required for Flat Rate payments). Receipts/bills/invoices (annotated with numbers matching this worksheet).		
Form CCC-36, Assignment of Payment (when applicable) signed with % or \$ amount filled in.		
Form CCC-1200, Conservation Program Application/Contract, signature pages only.		
Form CCC-1156 signed signature page when contract modification has been made.		
Power of Attorney or similar form (i.e., NRCS-CPA-9), when contract holder cannot sign.		
TSP Statement of Work/Certificate of Completion, signed by registered TSPer.		
TSP Not-To-Exceed Rates for contract.		
Form 1199a, Direct Deposit Signup, (for each payee) signed or initialed in the last 12 months by Payee.		
(Voided personal check may be substitutedNo deposit slips). Address and Tax ID filled in.		