WSDA CRP Reimbursement Invoice

Invoice Number: ER-25-999 | Contract Number: K9999 | Invoice Generation Date: 07/01/2024

Farm Information				
Farm Name	Farm ID:			
Holly's Farm	CRP-THUR999			
Contact Email	Statewide Vendor Number			
Compost@agr.wa.gov	SWV9999999-00			
Mailing Address				
1111 Washington St. Olym	pia WA 98504			
Compost Product Information				
Total Amount Purchased (cu yard)	Sale Weight (tons)			
100	500			
Compost Facility	Delivery Addresses			
oompoor aomy	Bonvory Additional			
Winton Compost Facility	1111 Washington St. Olympia WA 98504			
vviilloir compost r dointy	3 , 1			
Feedstock of Compost				
Yard Waste, Food Waste	e. Biosolids			
Itemized Costs				
Compost	Total Compost Cost: \$5000			
\$5000 Compost from Winton – WintonPaid	Invoice.pdf			
Transportation	on — — — — — — — — — — — — — — — — — — —			
•	<u>Total Transportation Cost:</u> \$2000			
\$2500 Delivery by Winton WintonPaidInv	\$2500 Delivery by Winton - Winton PaidInvoice pdf			
\$2500 Delivery by Winton – WintonPaidInvoice.pdf				
Equipment	Total Equipment Cost: \$200			
Total Equipment Oost. \$\psi_200				
\$200 Shovels and Wheelbarrows – HomeD	\$200 Shovels and Wheelbarrows – HomeDepotReceipt.pdf			
Spreading				
op.oug	<u>Total Spreading Cost:</u> \$			
Labor	Total Labor Cost: \$2500			
	10tai 2000 000ti			
\$2500 Employee wages to spread compos	t – Paystubs.pdf			
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Total Overall Qualified Costs: \$9700				
Total amount to be paid in full to the above business entity				
Reimbursement Amount: \$4850.00				
Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for				

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _				
•	(Sign in Ink)	(Title)	(Date)	