N.C, DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DSWC

NC_ACSP-7
(8/14)

ATTACHMENT 10A

North Carolina Cost Share Programs Technical Assistance Request for Payment Form

District Name:	**Lenoir**	**Master Agreement Contract No.**	**0**
Program Year	2015	**Period Covered by this request**	**October 1, 2014 - Dcember 31, 2014**
Position Number	**1**	**Employee Name**	**David Anderson**
Full-Time Equivalent (FTE)	1.00	**Payment Request No.**	**1**

Budget Item	**Subcategory**	Total Expenditures This Period	Reimbursement Request This Period	Amount Invoiced Previously this FY	Annual Allocation for This Purpose	Allocation Available for This Invoice	Allocation Remaining to be Invoiced
Salary		$7,674.00	$3,837.00	$2,877.50			
Benefits		$2,592.00	$1,296.00	$972.00			
Total Salary & Benefits		**$10,266.00**	**$5,133.00**	**$ 3,849.50**	**$ 12,750.00**	**$ 8,900.50**	**$ 3,767.50**
Equipment	Office	$69.00	$34.50	$29.48			
	Field		$0.00				
Supplies	Office	$396.00	$198.00	$46.10			
	Field		$0.00				
Travel	Meals/Lodging/ Registration		$0.00				
	Mileage		$0.00				
Rent			$0.00				
Postage		$24.14	$12.07	$14.78			
Telephone		$384.87	$192.44	$48.10			
Total Operating Expenses		**$874.01**	**$391.54**	**$ 138.46**	**$ 530.00**	**$ 391.54**	**$ -**
	Please reimburse this amount		$5,524.54				

Mary H. Parker
Signature

1-14-15
Date

Administrative Assistant
Title

RECEIVED
JAN 2 0 2015
SOIL & WATER CONSERVATION

SEPTEMBER 2014