## **Bowman County Noxious Weed Reimbursement Form for Non-Cropland**

## For 2021 noxious weed control in Bowman County only

--Maximum Total Reimbursement for combined programs is \$500 per operation, except equipment reimbursement, which is available in addition to other programs as a one-time opportunity—

Name:				
Mailing address:				
City, State, Zip:				
Section(s), Township, Range		Estimated acres:		
Noxious Weeds Species Controlled:		Application Date(s):		
la Kiad Daimhannana at Duanna	for Duodinate Dougle		Patallan D. de constitu	
In-Kind Reimbursement Progra				
you may be entitled to reimburser	•		• •	
cropland. The value of your time a	• •	st equal oi	exceed 20% of the cost of	of herbicide.
*Reimbursement amount is based on the count **Glyphosate (Roundup) and surfactants are no	-			
Herbicide name:	Quantity purchased:		Herbicide cost \$:	
	, ,			
Hours spent controlling noxious weeds:	Hourly rate \$:		Total value of time (hours x ra	ate):
Application equipment used:	Number of days equipment used:		Office Use Only	
Equipment Reimbursement Pro	<u></u>		•	ed spraying equipme
(sprayer for UTV, ATV, pickup, trac	•			
*Reimbursement is for new equipmer	<del></del>	o be used f		<u>·</u>
Type of sprayer:	Total Cost:		Office use only: Reimbursement Amount	
			1	
<u>Custom Application Reimburse</u>	ment: 50% Reimburser	nent		
Custom Applicator Name:	Cost of application	Cost of application		nent Amount
	\$			
Signature:		Return completed form and a copy of invoice(s)		opy of invoice(s)
		and map(s) showing noxious weed control		
	areas prior to December 1, 2021 to:			
		Bowman County Weed Board		
<del></del>		104 1st St NW Suite 12		

Bowman, ND 58623