



**Conservation Commission / Conservation District  
FORM 11: ASSIGNMENT OF PAYMENT**

*A separate form is required for each Contractor or Vendor.*

**PART A: ASSIGNOR INFORMATION**



**Name:**

**Farm/Facility Name:**

**Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Email:</b>	<b>Phone:</b>	<b>Alt Phone:</b>

**PART B: ASSIGNEE INFORMATION**

**Name:**

**Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Email:</b>	<b>Phone:</b>	<b>Alternate Phone:</b>

**Tax Identification Number:**

**PART C: CONSERVATION DISTRICT INFORMATION**

**Conservation District:**

**Contact Name:**

<b>CD Contract # (if applicable):</b>	<b>SCC Grant Program:</b>	<b>CD Grant #:</b>
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**PART D: ASSIGNED RECEIPTS**

Line #:	Date of Cost:	Service/Material/Activity:	BMP Code & Description:	Practice Complete Yes / No	Amount of Invoice:
1					
2					
3					
4					
5					
6					
7					
<b>TOTAL:</b>					

**PART E: TERMS & CONDITIONS**

- A. The **original** of this Assignment, properly executed, must be filed in the conservation district office where the applicable contract subject to this assignment is located.
- B. The assignor may not assign payments to more than one assignee per form.
- C. Assignments will be honored in chronological sequence based on the order of filing with the conservation district.
- D. Neither any disbursing officer, nor any other conservation district or its employee or official, nor the State Conservation Commission, shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the assignor without regard to this assignment.
- E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.
- F. Assignee understands that they will receive reimbursement for eligible expenses in the form of a check. This check will be made out only to the Assignee after the Assignor provides invoices that demonstrate purchase of materials and/or services.
- G. The Assignor and Assignee understand that payments will be issued only to the extent and on the same terms as the Assignor would have been reimbursed.
- H. The Assignor understands they are responsible for securing all necessary Assignee information on the Assignment of Payment Form, and ensuring all necessary receipts accompany the reimbursement request.
- I. This Assignment may only be revoked by the Assignee signing Part H of this Agreement.

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**PART F: SIGNATURES**

The undersigned Assignor & Assignee agree to the terms and conditions contained within this agreement:

Signature of Assignor:	Date:
Signature of Assignee:	Date:

**For Conservation District USE ONLY**

Date Received:

**PART G: PAYMENTS**

**Verification and Payment Approval By Conservation District**

**PRACTICE MUST BE CERTIFIED BY CONSERVATION DISTRICT TECHNICIAN AS COMPLETE AND MEETING STANDARDS AND SPECIFICATIONS PRIOR TO ANY REIMBURSEMENT OCCURRING.**

Line # <i>(Must Match Part D):</i>	Receipt Attached:	Amount of Receipt:	District Cost Share Rate:	Eligible Cost: 	Authorized Reimbursement:	Date Payment Made to Assignee & Initials:
1	<input type="checkbox"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
<b>TOTALS</b>						

**Authorized for Payment By:**

**Date:**

**COPIES PROVIDED TO:**

- Assignor
- Assignee
- Conservation District Grant File
- Conservation District Landowner File
- Conservation District 1099 File
- State Conservation Commission

**PART H: REVOCATION OF ASSIGNMENT**

Assignment of payment authorization is above is hereby revoked.

**ASSIGNEE'S SIGNATURE:**

**Date:**