

**YELLOWSTONE COUNTY WEED DISTRICT**  
**HERBICIDE/BIOCONTROL COST SHARE PROGRAM CLAIM SHEET**

[To be presented to the Weed District Office with copies of receipt of herbicide(s) or biocontrol purchased.]

Herbicide/Biocontrol

Application date(s): \_\_\_\_\_

Was the weed control contracted or done by yourself? \_\_\_\_\_

If application was performed by someone other than you, please list the entity/individual responsible for application:

\_\_\_\_\_

**Section A: Herbicides used and rate(s) per acre:**

1.) \_\_\_\_\_ /acre

2.) \_\_\_\_\_ /acre

3.) \_\_\_\_\_ /acre

4.) \_\_\_\_\_ /acre

Target Weed(s): \_\_\_\_\_

Approximate area sprayed in acre or square feet: \_\_\_\_\_

Total purchase cost of the herbicide: \_\_\_\_\_

**Section B: Biocontrol used and number of releases per acre/per acre:**

1.) \_\_\_\_\_ #releases

Approximate area covered in acre or square feet: \_\_\_\_\_

Total purchase cost of the biocontrol product: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE RECEIPT(S) TO THIS CLAIM**

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For office use: \_\_\_\_\_ 100%: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_