

Invasive Plant Control Program (IPCP)

Weed Inspector Expense Claim Form

Note: Before you enter information it is recommended this application be saved to your computer.

DEADLINE: October 31, 2024

Submit by the above deadline by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

Part 1 - APPLICANT INFORMATION	
RM/First Nations:	No.:
PART 2 – WEED INSPECTOR/APPLICATOR INFORMATION	
RM or First Nation Appointed/Authorized Weed Inspector:	
PART 3 – FINANCIAL VERIFICATION Attach valid invoices for am	ounts claimed below (from January 1, 2024 to October 31, 2024).
Approved expenses related to monitoring for weeds designate noxious weeds. Federal and provincial taxes and fees are not	·
Contract fees or wages (Monitoring activities and training even development of weed management plan, development of educaterials for ratepayers, data entry into iMapInvasives, etc.). Fee and provincial taxes are licensing fees are not eligible expenses to Food & lodging expenses related to training events Mileage related to monitoring or training events Supplies necessary for monitoring or training (i.e., Personal pequipment, shipping weed samples for identification to the Orotection Lab). List all below:	cational deral claim. Invoices attached Invoices attached Invoices attached Invoices attached Invoices attached Invoices attached
	Total
PART 4 – CERTIFICATION I/We certify, by signing this form, that the base level of service outlined 2024-2025 program year in the municipality indicated at the top of this is collected under the authority of and is protected by, and subject to the Privacy Act (FOIP Act) and the federal Privacy Act. The ministry may sho other third parties for the administration of the Sustainable CAP program for research and statistical purposes. I confirm the findings (Noxious and/or Prohibited Weeds) were entered	s form. I/We understand any personal information in this claim e provisions of The Freedom of Information and Protection of are this information with Agriculture and Agri-Food Canada and amming, for policy and program development and evaluation
Signed thisday of, 20_	hy
20 ₂	(Administrator or Land Manager Name)
FOR SARM USE ONLY REBATE PAID DATE:	(Administrator or Land Manager Signature) AUTHORIZED BY SARM:





