NC MARKETREADY
www.ncmarketready.org
A Program of NC Cooperative Extension

2011 NCVACS-Equipment

Matching Funds Report

NCVACS Recipient Name: _____

Date: _____

In order for cost share funds to be released, recipients must verify that they have spent matching funds equal to or greater than the cost share amount in advance. Please list the expenses that you have paid in the table below and verify your expenditures by attaching copies of receipts, canceled checks or paid invoices. If you need additional space, please attach a list with the same information as below:

Description of Purchase	Seller, Dealer, Manufacturer, or Other	Total Cost	Amount Paid by Recipient Toward Purchase To Date
	Total =		

Payment Remittal Information

This information is required by N.C. State University to issue a check to individuals or businesses. This information must be provided prior to payment.

Individual Name: _____ SSN: _____

OR

Business Name: _____ EIN: _____

Mailing Address: _____

City/State/ZIP: _____ Phone: _____

Due on or before May 1, 2012

*Please return by email to brittany_whitmire@ncsu.edu **OR** mail to NCVACS Coordinator, 1065 Whitmire Road, Brevard, NC 28712.*

For Internal Use Only		
Category for Cost Share	Amount Due to NCVACS Recipient	Date Submitted for Processing