

Treatment

Herbicide Application

| Herbicide Applied | | Adjuvant | |
|--|---------------------------------|--------------------------------------|-------|
| | | | |
| Application Method | | Application Rate | Units |
| | | | |
| Acres Treated | Approximate Date of Application | Label of Treatment on GIS Data Layer | |
| | | | |
| Description of Treatment | | | |
| <i>Please describe treatment in detail and list budget categories the treatment will draw from. If the description exceeds the space given in this form, please attach either another page of this form or a word document of the continued information.</i> | | | |

Please enter the breakdown of costs of this treatment in the table below.

| Category | ISM Grant Cost |
|----------------|----------------|
| Herbicide | |
| Labor | |
| Equipment | |
| Other | |
| Administration | |
| Totals | |