



Delaware Nutrient Management

2320 S. DuPont Highway
Dover, DE 19901
302-698-4500
302-697-6287 (Fax)

*****FOR DNMP USE*****

Form/Control Number: _____
 Application is: _____
 Approved _____ Disapproved _____
 By: _____ Date: _____



NUTRIENT MANAGEMENT RELOCATION CLAIM FOR PAYMENT

1. APPLICANT INFORMATION

Transport Date: _____ Transporting Agent: _____ S.S. or E.I. Number: _____

2. CLAIM CALCULATION

A. FARM TO FARM (from a single sender)

(i.) **TONS TRANSPORTED:** _____; Farm Name: _____ Miles from Origin to Destination _____
(excluding return miles) x \$.16 (rate per mile per ton) = Transport rate per ton \$ _____ x _____ tons transported =
\$ _____ CLAIM. (Not to exceed \$18.00 per ton transported)

(ii.) **TONS TRANSPORTED:** _____; Farm Name: _____ Miles from Origin to Destination _____
(excluding return miles) x \$.16 (rate per mile per ton) = Transport rate per ton \$ _____ x _____ tons transported =
\$ _____ CLAIM. (Not to exceed \$18.00 per ton transported)

TOTAL FARM TO FARM CLAIM (2Ai + 2Aii) \$ _____

B. FARM TO ALTERNATIVE USE (from a single sender)

(i.) **TONS TRANSPORTED** _____ **Tons** **CLAIM:** Miles from Origin to Destination _____
(excluding return miles) x \$.16 (rate per mile per ton) = Transport rate per ton \$ _____ x _____ tons transported
= \$ _____ CLAIM. (Not to exceed \$18.00 per ton transported)

(ii.) **TONS TRANSPORTED** _____ **Tons** **CLAIM:** Miles from Origin to Destination _____
(excluding return miles) x \$.16 (rate per mile per ton) = Transport rate per ton \$ _____ x _____ tons transported
= \$ _____ CLAIM. (Not to exceed \$18.00 per ton transported)

TOTAL FARM TO ALTERNATIVE USE CLAIM (2Bi + 2Bii) \$ _____

C. ALTERNATIVE USE TO RECEIVERS OFF PENINSULA

TONS TRANSPORTED: _____ **Tons** **CLAIM:** Miles from Origin to Destination _____
(excluding return miles) x \$.06 (rate per mile per ton) = Transport rate per ton \$ _____ x _____ tons transported
= \$ _____ CLAIM. (Not to exceed \$10.00 per ton transported)

NOTE: For multiple receivers, please attach supplement form and enter the amount of Claim in 2C above.

TOTAL ALTERNATIVE USE CLAIM \$ _____

TOTAL CLAIM (2A+ 2B + 2C) \$ _____

3. ACKNOWLEDGEMENT

The Claim for Payment (proved by the DNMP) must be submitted within 40 days after manure transportation is complete. The following documents also need to be included with the Claim for Payment. Signatures of the sender and receiver acknowledges shipment and receipt of the manure transported.

- Weight in records from a certified scale for each loaded transport, or if transport is less than 25 road miles, an average load weight per vehicle as approved by the DNMP.
- A daily summary of mileage claim(s) indicating the amount of manure and mileage from origin to destination. Claim rates are eligible according to the following:
 Nutrient transport will only reimburse up to a maximum load weight per gross vehicle weight. Funds are dependent on state allocation and are distributed on a first-come-first-serve basis. Claim rates may be modified and prioritized by the DNMC for any determined reason. Mileage rate for Farm to Farm/Farm to Alternative Use (2A, 2B.) is \$.16 per ton-mile with a total cap of \$18 per ton. Mileage rate for Alternative Use to Receiver's off the Peninsula (2C.) is \$.08 per ton-mile with a cap of \$10 per ton. Total Claim of transportation subsidies per ton transported will not exceed \$18.00. All claims must represent the most direct route or must be documented if the direct route is not utilized.

4. SIGNATURES (or attached acknowledgement of source and received of manure):

_____ Transporting Agent	_____ Date	_____ Eligible Sender	_____ Date	_____ Nutrient Receiver	_____ Date
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