



TEXAS A&M  
FOREST SERVICE

COPY

3.364

August 4, 2017

Mr. Reginald Smith

552.024

Case ID: 17-AN-1-1

Dear Mr. Smith:

Please find enclosed a check in the amount of \$500.00. This is the final reimbursement for the cost shares owed for the work done on your property to suppress oak wilt. This reflects the total and final payment as recognized by the management plan. You have fourteen days to present to this office any additional cost not brought to our attention, after which time this case will be considered closed.

Again, we thank you for your cooperation in this project and hope these efforts are successful in reducing the spread of this tree disease.

If the Texas A&M Forest Service can be of further assistance, please don't hesitate to contact our office nearest you.

Sincerely,

Burl Carraway  
Sustainable Forestry Department Head

Enclosure

cc: Emily Driscoll

TEXAS A&M FOREST SERVICE College Station, Texas 77845-3424

INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
08/01/17	17-AN-1-1 OAK	E703381	0713109	500.00	.00	500.00
TOTALS ▶				500.00		500.00

**COPY**

VENDOR NO.	CHECK DATE	CHECK NO.
*****04200	080417	663823

WARNING - Security Features  
Included. Details on Back



**TEXAS A&M  
FOREST SERVICE**

200 Technology Way  
College Station, Texas 77845-3424

56-382  
412

Wells Fargo Bank, N.A.

08/04/17  
CHECK DATE

663823  
CHECK NO.

PAY FIVE HUNDRED AND 00/100 DOLLARS\*\*\*\*\*

TO  
THE  
ORDER  
OF

REGINALD B SMITH  
**552.024**

\$\*\*\*\*\*500.00  
AMOUNT

*Mar L Zamora*

552.136

Kelly Nelson



INVOICE TRANSMITTAL

COPY

Voucher Number

Date Submitted: 8/1/2017

Document Order/  
FAMIS Purchase Order No: E703381

Prepared by: Jennifer Hayes

Office Location: College Station--Headquarters

Phone Number: 979-458-6650

Fax Number: 979-458-6655

VENDOR NAME: Reginald Smith

Vendor ID (screen 203): 552.024

Total Amount Submitted: \$500.00

STATE AMOUNT:

LOCAL AMOUNT: \$500.00

To see remaining \$

Reference Voucher No.

Early Payment Discount: ☐ Yes ☐ No

Special "REMIT TO" Instructions for Check?

Please return check to Jennifer Hayes

INVOICE NUMBER:

INVOICE DATE:

Invoice Received Date:

Customer Account Number:

Dates of Service: From:

To:

☐ Check if **PARTIAL** payment of order

☒ Check if **FULL AND FINAL** payment of order

I certify that the attached invoices for services or goods is incurred in support of activities related to the Texas Forest Service; is properly chargeable to the account; corresponds in every particular with the contract under which it was procured; and is true and unpaid.

X

Jennifer Hayes  
Signature

8/1/17  
Date

279  
✓

☐ Check if revolving

TFS BUSINESS OFFICE USE ONLY

Trans Code:

USAS Doc Type: (2,3,9)

PCC Code: (E,Z,Q)

PDT Code: (D,R)

LDT Code:

ICC Code: -- --

Requested Payment Date:



Audited by

Date

Approved for payment

Date

8/5/2003

TFS 6873

**Texas A&M Forest Service**  
**OAK WILT SUPPRESSION PROJECT**  
 Application for Sharing of Treatment Expenses

**ORIGINAL**

Forester

Emily Driscoll

Applicant's Name and Address

Reginale B. Smith

**552.024**

Oak Wilt Center/Treatment ID

17-AN-1-1

Telephone Number

**552.024**
 (Home)  
 (Work)  
 (Cell)

County

**Williamson**

Driving Directions:

USGS Quad Name

Lat/Lon

UTM

**Applicant's Request**

I request cost sharing for the treatment(s) listed below.

Applicant's Signature:

*R. Smith*

Date:

*June 1, 2017***Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	3 trees	\$500.00

TOTAL	\$500.00
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*B. Long*

Signature of Project Director

*15 June 17*

Date Approved (m/d/y)

**Expiration Notice**

All treatment components must be completed and reported to forester by:

**September 15, 2017** *JH*  
 Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

**Completion Summary****Office Use Only**

No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
1	7/20/17	<del>\$2922.95</del> \$2922.95	EJD	\$1,169.18 > \$500.00	8/1/17



TOTALS

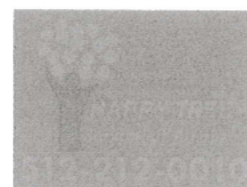
\$2,922.95

This is a PDF rendering of an electronic Invoice

Page 1 of 1

COPY

## Invoice



TO  
**RB Smith**  
United States

FROM  
**Happy Tree Service of Austin**

1108 Lavaca St suite 110-445  
Austin Tx 78701  
United States

INVOICE NUMBER  
2836

ISSUE DATE  
7/13/17

CURRENCY  
USD

PAYMENT DUE DATE  
7/20/17

DELIVERY DATE  
7/13/17

ITEM ID	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TAX	TOTAL USD EXCL. TAXES
552.024	front yard Red Oak removals	1	pcs	2,700.00	8.25%	2,700.00
Cir						

Subtotal excl. taxes **2,700.00**  
sales tax 8.25% of 2,700.00 USD **222.75**

**Total USD 2,922.75**  
Total taxes USD 222.75

## DELIVERY ADDRESS

United States

## NOTES

Thank you for your business!



View Check

COPY

Check #

1854

Trace #

0000000000

Amount

\$2,922.75

Front

R. B. Smith  
Karla Smith  
1854  
552.024  
DATE 7-13-17 88-7717/3149  
PAY TO THE ORDER OF *Evany Peter* \$ 2922.75  
*Twenty nine hundred twenty two and 75/100* DOLLARS  
AUSTIN TELCO FEDERAL CREDIT UNION  
8929 SHOAL CREEK BLVD.  
AUSTIN, TX 78757  
FOR *Bedak removal* *R. B. Smith*  
552.136

Back

2583  
7/18/2017  
552.136  
DO NOT SIGN / WRITE / STAMP  
552.024

TFS 6873p

## Texas A&M Forest Service

Oak Wilt Suppression Project  
Performance Report

Cooperator Name: **Reginale B. Smith**

Treatment ID: **17-AN-1-1**

### Trenching

Vendor Name and Address:

☐ Approved

☐ Rejected

Vendor Phone Number:

Performance Report:

### Tree Pushing

Vendor Name and Address:

☐ Approved

☐ Rejected

Vendor Phone Number:

Performance Report:

### Red Oak Removal

Vendor Name and Address:

Happy Tree Service of Austin  
1108 Lavaca St., Ste 110-445  
Austin, TX 78701

☒ Approved

☐ Rejected



Austin, TX 78701  
Vendor Phone Number:

Performance Report:

**All red oak removal procedures were performed according to TFS specifications as stated in the treatment plan.**

July 27, 2017

MEMORANDUM

To: Jennifer Hayes

Re: Cost-share Reimbursement

Please process the attached oak wilt cost-share reimbursement request for Reginald B. Smith, case # 17-AN-1-. Receipts totaling \$2,922.95 represent a red oak removal that was completed satisfactorily on July 20, 2017.

Emily Driscoll  
Staff Forester

  
Attachments



COPY

3.364

June 15, 2017

Mr. Reginald Smith

552.024

Case ID: 17-AN-1-1

Dear Mr. Smith:

Your request for cost sharing to perform treatments to suppress the oak wilt disease on your property has been approved to the extent shown on your application. The Texas A&M Forest Service will share up to 40 percent of your expenses to implement these treatments not to exceed a total of \$500.00. This work must be completed by September 15, 2017. After that date this agreement will be canceled unless an extension is granted.

Please contact Emily Driscoll regarding when the work will be implemented. Since this is a reimbursement, please supply her with copies of an invoice or other documentation to verify expenditures so we can expedite payment to you. Proof of payment of these invoices is required. This includes either a receipt or canceled check copied front and back.

If you will be reporting labor as an in-kind contribution toward the cost of installing this practice/s, you must provide documentation by individual and date of hours worked, rate per hour, and total expense. If equipment use is charged, it must be reported by type of equipment, dates used, hours or miles, rate per hour or miles, and total cost.

Thank you for your interest and willingness to cooperate in suppression of this tree disease.

Sincerely,



Burl Carraway  
Sustainable Forestry Department Head

cc: Emily Driscoll

Forest Resource Development & Sustainable Forestry  
200 Technology Way, Suite 1281 ★ College Station, TX 77845-3424  
TEL 979/458-6650 ★ FAX 979/458-6655  
<http://tfsweb.tamu.edu>

TFS 6873

**Texas A&M Forest Service**  
OAK WILT SUPPRESSION PROJECT  
Application for Sharing of Treatment Expenses

**ORIGINAL**

Forester  
Emily Driscoll

Applicant's Name and Address  
Reginale B. Smith

**552.024**

Oak Wilt Center/Treatment ID  
**COPY** 17-AN-1-1

Telephone Number  
**552.024** (Home)  
(Work)  
(Cell)

County  
**Williamson**  
Driving Directions:

USGS Quad Name

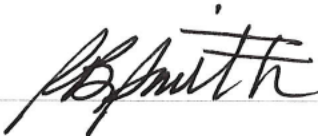
Lat/Lon

UTM

**Applicant's Request**

I request cost sharing for the treatment(s) listed below.

Applicant's Signature:



Date:

**June 1, 2017**

**Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	3 trees	\$500.00



Signature of Project Director

TOTAL \$500.00

**15 June 17**

Date Approved (m/d/y)

**Expiration Notice**

All treatment components must be completed and reported to forester by:

**September 15, 2017** JH  
Expiration Date (m/d/y)



Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

Completion Summary				Office Use Only	
No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
TOTALS					

TFS 6874

**Texas A&M Forest Service**  
OAK WILT SUPPRESSION PROJECT  
Treatment Plan

Forester <b>Emily Driscoll</b>	Applicant's Name and Address <b>Reginale B. Smith</b>	Treatment ID <b>17-AN-1-1</b>
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**552.024**

Case Location:

County <b>Williamson</b>	USGS Quad Name	Lat/Lon	UTM	Date <b>5/31/2017</b>
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**Proposed Treatments**

Remove and dispose (XXX) "red oak(s)" that are showing symptoms of oak wilt to prevent fungal mat formation.

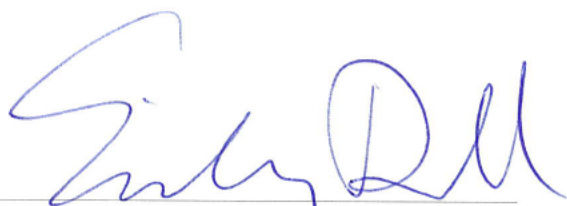
**Implementation Procedures**

1. Landowner will be responsible for hiring a contractor(s) or providing in-kind labor and/or machinery contributions in completing proposed treatments.
2. Texas A&M Forest Service (TFS) will review project and mark tree(s) to be removed by painting or flagging.
3. Marked tree(s) may be removed by cutting at ground level, or by pushing (rouging) with a bulldozer or tractor.
4. Infected tree(s) will be transported to the nearest landfill or other approved disposal sites (or) Tree(s) will be burned until the outer surface is charred (or) Tree(s) will be buried.
5. Under no circumstances will the infected tree(s) be used for firewood.

6. Upon satisfactory completion, landowner(s) will submit all final receipts of direct project costs (including disposal receipts) to TFS staff forester.

### Cost Schedule

<i>Treatment</i>	<i>Extent</i>	<i>Landowner Cost</i>	<i>Cost Shares</i>	<i>Total Cost</i>
Red Oak Removal	3 trees	\$750.00	\$500.00	\$1,250.00
		<hr/>	<hr/>	<hr/>
TOTAL		\$750.00	\$500.00	\$1,250.00

  
Forester's Signature

  
Date



## Landowner Acknowledgement Form

### Location of Utilities

I hereby acknowledge that I have been informed of my responsibility to locate or have located all underground utilities if I receive funds from any federal/state cost-share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the Texas A&M Forest Service provides technical assistance to help control oak wilt on my property and that installation of trenches or other ground-disturbing activities are often recommended. I understand I can perform the work myself or I can hire a contractor, as long as all work specifications meet TFS technical guidelines, maintains competitive pricing, and cost-share funds are approved before the work is accomplished. The Texas A&M Forest Service will avoid underground utilities whenever possible.

The Texas A&M Forest Service may assist by providing a list of contractors who have performed oak wilt trenching for others or who may be working in the area.

I understand any contractual arrangement, including liability agreements, must be made between myself and the contractor. The Texas A&M Forest Service is here to provide me with technical expertise, not act as a liaison between myself and the contractor. Any cost or time estimates for trenching made by the Texas A&M Forest Service are approximate. I understand it is my responsibility to speak with the contractor about haul fees, hourly or per foot charges, street or sidewalk cuts, billing, and extra services such as chainsaw work, excess soil removal, fence repairs, etc.

As a landowner, it is my responsibility to see that all underground utilities near proposed trenches are located

before the scheduled trenching day. These can include:

Telephone: community cables, fiber optics, individual and neighbors' buried lines

Water: large water lines that may cross my property, house lines, irrigation and sprinkler lines and lines to watering troughs, barns, etc.

Cable: television, satellite dish

Sewer: septic line, leach (drain) field, gray water system

Electric: house, garage, barn, shed, light pole, etc.

Gas or Oil Pipe Lines: large gas or oil lines which may cross my property or other gas lines to the house, outside light, etc.

I hereby acknowledge that if any underground utilities are pulled up during the ground-disturbing project, I will NOT hold the Texas A&M Forest Service responsible. I understand it is my responsibility to contact the appropriate "utility" to come out and mark the location of all possible lines.

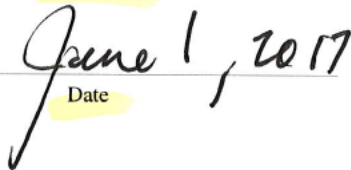
Reginale B. Smith

Name Printed

17-AN-1-1

Case Number

  
Signature

  
Date

June 1, 2017

MEMORANDUM

To: Jennifer Hayes

Re: Cost-share Red Oak Application

Please process the attached oak wilt cost-share application request for Reginale B. Smith, case # 17-AN-2-1. Thank you.

Emily Driscoll  
Staff Forester



Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return)

REGINALD B SMITH

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

- ☒ Individual/sole proprietor    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate
- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_
- ☐ Other (see instructions) ▶ \_\_\_\_\_

Exemptions (see instructions):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting  
code (if any) \_\_\_\_\_

Address (number, street, and apt. or suite no.)

552.024

Requester's name and address (optional)

Print or type  
See Specific Instructions on page 2.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a

Social security number

552.024

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
			-						

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign  
Here**

Signature of U.S. person ►

R. Smith

Date ►

June 1, 2017

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.