

CSP Erroneous Payment Worksheet

Contract Number					
Participant Name					
Servicing Field Office					
For 2004 Contracts, did the participant receive an Advanced Enhancement Payment? (Yes or No)					
Overpayment or Underpayment (O or U)	Year	CIN	Actual Amount Paid (\$)	Corrected Payment Amount (\$)	Difference (\$)
Description of Erroneous Payment(s): Please list the practices and/or enhancement activities associated with the erroneous payments. Please indicate if the erroneous payment is due to a duplicative payment.					

Please attach a copy of the CCC-1245 associated with the erroneous payment, and identify the CIN in question. Manually correct the CCC-1245 to include the correct payment amount and units for payment.

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District Conservationist **Date**

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ASTC(FO) **Date**

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State Conservationist **Date**

NEEDED ACTIONS:	
	A "Cost Recovery" or an "Underpayment" letter will be sent from the State Conservationist and a carbon copy sent to the ASTC(FO) and the District Conservationist.