

DRAFT

MUSEUM COMPENSATION

STEVENS COUNTY CROSSROADS ON THE COLUMBIA
PRESERVE AMERICA GRANT NO. 53-10-AP-5026

ORGANIZATION / MUSEUM NAME _____ SCAN LOCATION _____

STEVENS COUNTY VENDOR NUMBER _____ OR [] A-9 FORM ATTACHED

MAILING ADDRESS _____

_____ City State ZIP

SCAN DATE(S)		DESCRIPTION or (sequential) image numbers	# IMAGES SCANNED	RATE	
TO	FROM				
				X \$1.37	
				X \$1.37	
				X \$1.37	
				X \$1.37	
				X \$1.37	
TOTAL					

MUSEUM SIGNATURE REQUIRED VERIFYING RECORD:

PRINTED NAME

X _____
SIGNATURE DATE

PAG STAFF VERIFICATION	X	Date
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