



JOHN BEL EDWARDS
GOVERNOR

State of Louisiana
DEPARTMENT OF WILDLIFE AND FISHERIES

CHARLIE MELANCON
SECRETARY

Seismic Payment Information Form

Please remit this form and payment of monthly seismic fees to: LDWF Fiscal Section
Attn: Jennifer Riddle
P.O. Box 98000
Baton Rouge, LA 70898

THIS FORM AND PAYMENT MUST BE RECEIVED BY THE 15th OF THE MONTH

Monthly Report for _____ 20____

Company Name: _____

Company Address: _____

Prospect Name: _____

Total Days Worked This Month: _____ X \$135^m per day = \$ _____

Authorized Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Amount Remitted: _____

Pay-In Voucher Number: _____

Date Remitted: _____

Check Number: _____