Energy Return Network

RCT Claim Form

Name: Shaun Moore Cell #: 737-418-5152

Project ID: UG8753.1_260729

Date	Time		Hours	Rate	BEDs	P		RCTs
1	2	3	4	5	6	7		8
MMDDYY	Start	Stop	HH.XX	BEDs/Hr	XX.YY	X.Y		XX.YY
081626	7:55	9:05	1.16	2.0	2.32	4.5		10.44

Note: A 5% minting fee will be assessed by ERN	**Total RCTs Claimed**	10.44

Claimant Signature: [signature] Date: 8-16-26

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The inspector section left blank requires clerk authorization before RCTs are issued.

Name: ELTON HAMMOCK Cell #: 512.552.0736

Signature: [signature] Date: 8/16/26

Disclaimer: RCTs record verified work only - no monetary value guaranteed. The claimant is responsible for land access and regulatory compliance. ERN assumes no liability for ecological outcomes, injury, damages, or financial loss. Legitimate claims are only for regenerative work not otherwise compensated with goods, services, or money.
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COMPOSTING
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