

UNDERGROUND STORAGE TANK REDEVELOPMENT TRUST FUND FOR INSTALLATION OF DOUBLE WALL UNDERGROUND TANKS

KDHE RFR#

Office Use Only

REQUEST FOR REIMBURSEMENT FORM

You must have applied and been admitted to the Trust Fund and agreed to all the terms and conditions of the application before requesting reimbursement for tank installation expenses. **All tank installation costs after July 1, 2015, must be preapproved in writing by KDHE Trust Fund Staff.**

INSTRUCTIONS

1. All blanks must be completed.
2. If an item doesn't apply, write "N/A"
3. Use the correct KDHE Site Code and Name.
4. All supporting documentation must be submitted.
5. If canceled checks are being submitted as proof of payment, one front and back copy must be submitted.
6. Please print neatly or type.
7. Sign and date this form in Section 3.

SECTION 1. OWNER/OPERATOR AND SITE INFORMATION

A. Owner ID: _____ Facility ID: _____ Project Code: _____

B. Applicant Name: _____ Phone Number: (_____) _____
(Name of Trust Fund applicant)

C. Mailing Address: _____
(Address to which check will be sent) (City) (State) (Zip + 4)

SECTION 2. REIMBURSEMENT INFORMATION

1. DATE OF INVOICE: List the invoices separately and in chronological order.
2. INVOICE NUMBER: The number of the invoice, if available.
3. AMOUNT REQUESTED: The amount you are requesting from each invoice.
4. CANCELED CHECK NUMBER: If the invoice has been paid, provide the number of your canceled check.
5. CREDIT CARD STATEMENT: If credit card used, a copy of receipt showing card used.
6. TOTAL AMOUNT: The total amount requested for all invoices.

(1) Date of Invoice	(2) Invoice Number	(3) Amount Requested	(4) Canceled Check No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) Total Amount Requested: _____

(6) Total Amount Approved: _____ (Not to Exceed \$50,000.00)

Note: Use a separate sheet with Date of Invoice, Invoice Number, Amount requested, Canceled Check No. if necessary

**UNDERGROUND STORAGE TANK REDEVELOPMENT TRUST FUND FOR INSTALLATION OF
DOUBLE WALL UNDERGROUND TANKS**

SECTION 3. AUTHORIZATION

I certify that, to the best of my knowledge, the amount of reimbursement requested reflects actual costs associated to a double wall UST installation, secondary containment and interstitial monitoring system monitoring. I understand that knowingly submitting false information to obtain reimbursement from the Underground Storage Tank Redevelopment Trust Fund may result in criminal prosecution.

(Print or Type Applicant's Name)

(Applicant's Signature)

(Date)

WHERE TO MAIL YOUR REQUEST:

Kansas Department of Health & Environment
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson - Suite 410
Topeka, KS 66612-1367

CHECK LIST

- | | |
|------------------------------|--|
| _____ All Blanks Completed | _____ Front & Back Copy of Canceled Checks (When required) |
| _____ One Copy of Everything | _____ Form is Signed and dated |
| _____ Invoices Attached | |

NEED ASSISTANCE?

CALL:

(785)296-1678

INCOMPLETE REQUESTS WILL BE RETURNED