

KDHE # (Office Use Only)

BER - Tanks Trust Fund Invoice Submission

REQUEST FOR REIMBURSEMENT FORM (RFR)

(To Be Completed by Applicant)

Instructions:

- 1 This form must be completed accurately and attached as a "Cover Sheet" to all Trust Fund invoices.
- 2 All invoices must be in the same line item format and order as the Scope of Work approval.
- 3 Required Documentation must be attached to the invoice in the same order as the invoice line items appear.
- 4 **(NEW)** A separate RFR form is required for each invoice # submitted.

SEND TO: KDHE / STS, Attn: Contractual Services Unit, 1000 SW Jackson St., Suite 410, Topeka, KS 66612-1367

OWNER/OPERATOR & SITE INFORMATION

KDHE Project Code: - -

Site Name: _____

Owner/Operator Name: _____ Phone Number: _____

Mailing Address: _____

Name of Co-Payee: _____

If this is being submitted by the consultant as the Attorney in Fact (LPOA) for the applicant, check here:

BID TYPE & INVOICE INFORMATION

Trust Fund Bid Type: *(Check the appropriate box)*

- | | | |
|---|--|--|
| <input type="checkbox"/> DO Dig Out | <input type="checkbox"/> MON Monitoring | <input type="checkbox"/> RDP Remedial Design Plan |
| <input type="checkbox"/> EMG Emergency | <input type="checkbox"/> OMM Operation Maintenance & Monitoring | <input type="checkbox"/> SR Soil Removal |
| <input type="checkbox"/> LSA Limited Site Assess. | <input type="checkbox"/> RBC KS Risk Based Corrective Action | <input type="checkbox"/> SRP Site Remediation Plan |
| <input type="checkbox"/> MIS Miscellaneous | <input type="checkbox"/> RDI Remedial Design/Implementation Plan | <input type="checkbox"/> SSA Summary Site Assessment |

<u>Invoice Date</u>	<u>Invoice Number</u>	<u>Amount Requested</u>	<u>Canceled Check #</u> <small><i>(Copy front & back)</i></small>
KDHE Adjustment:	_____	_____	_____
KDHE Adjustment:	_____	_____	_____
KDHE Adjustment:	_____	_____	_____
Total Amount Requested:		_____	_____

AUTHORIZATION

I certify that, to the best of my knowledge, the amount of reimbursement requested reflects actual corrective action conducted at the site shown above. I understand that knowingly submitting false information to obtain reimbursement from the Petroleum Storage Tank Release Trust Fund may result in criminal prosecution.

 Print or Type Applicant's Name _____ (Applicant's Signature) _____ (Date)