

ATTACHMENT B. REIMBURSEMENT FORMS
Vermont Department of Environmental Conservation - Petroleum Cleanup Fund
Request for Reimbursement Form

Section 1. General Information:

Facility
 Site Name: _____
 Dec Site #: _____
 Site Address: _____

 Telephone #: _____
 Email address: _____

Owner/Operator
 Name: _____
 Contact: _____
 Business Address: _____

 Telephone #: _____
 Email address: _____

Section 2. Responsible Party Reimbursement Request Checklist (Each statement must have a box checked):

	YES	NO	N/A
1. All costs submitted are associated only with petroleum USTs.			
2. All costs submitted are associated only with petroleum ASTs.			
3. The completed invoice summary and cost summary are enclosed.			
4. A copy of the W-9 form is included if there is not one on file with the Department of Environmental Conservation or it has been more than 6 months since the DEC has received a current W-9 form.			
5. A copy of all invoices, including subcontractors invoices, and, if appropriate, proof of payment, such as copies of cancelled checks are attached.			
6. For all equipment purchased with value greater than \$500, submittals include the title or bill of sale, and a list of the equipment manufacturer's name, model and serial #.			
7. The deductible with proof of payment is documented or has been previously documented.			
8. Supporting documentation relating to the services associated with this reimbursement request has been submitted.			
9. Statement from the Insurance Company and a copy of the insurance policy(s) for this site is attached or previously submitted.			
10. Reimbursement in the form of a two-party check is requested.			
11. Reimbursement via direct payment to the consultant is requested (consultant must have signed up for direct deposit with the State). Signed Owner Authorization (Section 4) is attached.			
12. Reimbursement via direct payment to the Owner/Operator is requested.			

Site Name: _____

Site #: _____

Section 3. Owner/Operator Declaration/Certification

I declare under penalty of perjury that the representations made in this Request for Reimbursement are to the best of my knowledge true and correct. I agree to reimburse for any payments made to me based upon incorrect information.

Name of Owner/Operator representative (printed)
(NOT Consultant/Contractor)

Company Title

Signature

Date

Section 4. Owner/Operator Authorization for Direct payment to Consultant/Contractor

I authorize direct payment to the consultant/contractor who I hired to complete the work included in this claim.

Name of Owner/Operator representative (printed)
(NOT Consultant/Contractor)

Company Title

Signature

Date

Site Name: _____

Site #: _____

Section 5. Invoice Summary

Work Plan Cost Estimate (WPCE) Tracking #: _____

Invoice # and date	Check # (proof of payment)	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
Subtotal.....		\$
Minus deductible.....		-\$
Total Request for Reimbursement.....		\$