

BER - Tanks UST Secondary Containment Fund Invoice Submission

REQUEST FOR REIMBURSEMENT FORM (RFR)

(To Be Completed by Applicant)

(Office Use Only)

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 & SITE INFORMATION

KDHE Project Code: - -

A. Owner ID: _____ Facility ID: _____

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

<u>(1) Invoice Date</u>	<u>(2) Invoice Number</u>	<u>(3) Amount Requested</u>	<u>(4) Canceled Check #</u> <small>(Copy front & back)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(5) Total Amount of Invoice(s): _____

(6) Less Overage (amount over \$100,000): _____

(7) Total Amount Approved: _____ **(Not to Exceed \$100,000.00)**

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

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)

SUBMIT THIS PAGE TO KDHE - ADDITIONAL INFORMATION ON NEXT PAGE

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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

(This page is informational only. If this request is in two page format, only the first page needs to be submitted to KDHE.)