

**APPLICATION FOR REIMBURSEMENT**  
from the  
**PETROLEUM STORAGE TANK TRUST FUND**

(1) ADEQ Facility Identification Number: \_\_\_\_\_

(2) Responsible Party Information:

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

(3) Release Location

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

(4) Type of Tank (check only one):

Aboveground ☐

Underground ☐

(5) Type of Product Released:

Gasoline ☐

Kerosene ☐

Jet Fuel ☐

Diesel ☐

Heating Oil ☐

Aviation Gas ☐

Used Motor Oil ☐

Other ☐

(list) \_\_\_\_\_

Date of Release \_\_\_\_\_

Release (LUST) Number \_\_\_\_\_

Facility ID# \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I also certify that the amounts claimed for reimbursement under this application have been paid in full. I further certify that I have the authority to submit this application on behalf of

\_\_\_\_\_

\_\_\_\_\_  
Type/Print name of Owner/Operator or Responsible Party

\_\_\_\_\_  
Signature of Owner/Operator or Responsible Party

**ACKNOWLEDGEMENT**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

### PROOF OF PAYMENT AFFIDAVIT

I, \_\_\_\_\_ being of sound mind, am responsible to ensure this application is completed per regulatory requirements. I have personal knowledge of the contents of this document; all of which are true and correct to the best of my knowledge. Furthermore, as \_\_\_\_\_ of \_\_\_\_\_, I certify that, as of this date, \_\_\_\_\_ has been paid in full by \_\_\_\_\_ for the invoices contained in this reimbursement request:

Invoice Number	Invoice Date	Invoice Amount
Total		\$0.00

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

### ACKNOWLEDGEMENT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

[illegible]

[illegible]

Consultant /Responsible Party:	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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DIRECT LABOR COST DETAIL	
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333	334

[illegible]

ADDITIONAL PROF/TECH COSTS (from the Extra Direct Labor Page):			
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TOTAL PROFESSIONAL/TECHNICAL COSTS:	0.00		\$0.00
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Interim Request No.	0	Page 8 of 16					
Consultant /Responsible Party: 0							
Facility Identification # 0		Facility Name: 0					
Dates costs incurred:		From	01/00/00	to	01/00/00	Request date:	01/00/00
FIXED RATE COSTS DETAIL							
DATE	INVOICE#	TRAVELER AND WORK PLAN TASK	# OF NIGHTS	RATE	AMOUNT		
MEAL PER DIEM:							
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
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ADDITIONAL MEAL PER DIEM COSTS (from the Extra Fixed Rate Costs page):							
TOTAL MEAL PER DIEM COSTS:							\$0.00



Interim Request No.	0	Page 9 of 16			
Consultant /Responsible Party: 0					
Facility Identification # 0		Facility Name: 0			
Dates costs incurred: From 01/00/00 to 01/00/00		Request date: 01/00/00			
FIXED RATE COSTS DETAIL					
DATE	INVOICE#	ROUTE AND WORK PLAN TASK	# OF MILES	RATE	AMOUNT
MILEAGE:					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
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					\$0.00
ADDITIONAL MILEAGE COSTS (from the Extra Fixed Rate Costs page):					\$0.00
TOTAL MILEAGE COSTS:					\$0.00

[illegible]

<b>Consultant /Responsible Party:</b>	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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## FIXED RATE COSTS DETAIL

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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**OTHER:**[illegible]

ADDITIONAL OTHER FIXED RATE COSTS (from Extra Fixed Rate Costs page):	\$0.00
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TOTAL OTHER FIXED RATE COSTS:	\$0.00
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	\$0.00
TOTAL FIXED RATE COSTS	\$0.00

[illegible]

<b>Consultant /Responsible Party:</b>	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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## OTHER DIRECT COSTS DETAIL

DATE	INVOICE#	TRAVELER'S NAME, # OF NIGHTS AND WORK PLAN TASK	AMOUNT
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**LODGING:**[illegible]

ADDITIONAL LODGING COSTS (from the Extra Other Direct Costs page):	\$0.00
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TOTAL LODGING COSTS:		\$0.00
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[illegible]

<b>Consultant /Responsible Party:</b>	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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## OTHER DIRECT COSTS DETAIL

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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## LABORATORY:

[illegible]

<b>ADDITIONAL LABORATORY COSTS (from the Extra Other Direct Costs page):</b>	<b>\$0.00</b>
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TOTAL LABORATORY COSTS:		\$0.00
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[illegible]

<b>Consultant /Responsible Party:</b>	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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OTHER DIRECT COSTS DETAIL	
1. Other direct costs (e.g., travel, materials, equipment, etc.)	
2. Total other direct costs	
3. Total direct costs (1 + 2)	
4. Indirect costs (e.g., overhead, administrative, etc.)	
5. Total indirect costs	
6. Total costs (3 + 5)	

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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**SUBCONTRACTS:**

[illegible]

<b>ADDITIONAL SUBCONTRACTS COSTS (from the Extra Other Direct Costs page):</b>	<b>\$0.00</b>
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TOTAL SUBCONTRACTS COSTS:		\$0.00
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[illegible]

[illegible]

Consultant /Responsible Party:	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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## OTHER DIRECT COSTS DETAIL

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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**SUPPLIES:**[illegible]

ADDITIONAL SUPPLIES COSTS (from the Extra Other Direct Costs page):	\$0.00
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TOTAL SUPPLIES COSTS:		\$0.00
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[illegible]

Consultant /Responsible Party:	0
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<b>Facility Identification #</b>	0	<b>Facility Name:</b>	0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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OTHER DIRECT COSTS DETAIL	
1. Other direct costs	
2. Total other direct costs	
3. Total direct costs	
4. Total project costs	
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100. Total project costs	

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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**OTHER/MISC. DIRECT COSTS:**

[illegible]

ADDITIONAL OTHER/MISC. COSTS (from the Extra Other Direct Costs page):	\$0.00
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TOTAL OTHER/MISC. COSTS:		\$0.00
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TOTAL OTHER DIRECT COSTS		\$0.00
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[illegible]

Consultant /Responsible Party:	0
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Facility Identification #	0	Facility Name: 0
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<b>Dates costs incurred:</b>	<b>From</b>	01/00/00	<b>to</b>	01/00/00	<b>Request date:</b>	01/00/00
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OTHER DIRECT COSTS DETAIL	
1. Other direct costs (e.g., travel, materials, equipment, etc.)	
2. Total other direct costs	
3. Total direct costs (1 + 2)	

DATE	INVOICE#	DESCRIPTION AND WORK PLAN TASK	AMOUNT
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**Duplicate this page as needed to record each type of Other Direct Costs**

[illegible]

Manually enter this total on the corresponding "Other Direct Costs" page:	\$0.00
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Interim Request No.	0	<b>COST SUMMARY SHEET</b>					
Consultant /Responsible Party: 0							
Facility Identification #: 0		Facility Name: 0					
Dates current costs incurred:		From	01/00/00	to	01/00/00	Request Date:	01/00/00
<b>COST SUMMARY</b>							
1. DIRECT LABOR COST (attach labor recap)			Hours	Actual Cost			
Principal/Managerial			0.00	\$0.00			
Professional/Technical			0.00	\$0.00			
Support			0.00	\$0.00			
Totals			0.00	\$0.00			
Total Actual Labor Costs x 3					\$0.00		
2. FIXED RATE COSTS (List by category - attach recap)				Actual Cost			
Equipment Rental				\$0.00			
Per Diem (meals only, with documented overnight stay)				\$0.00			
Mileage				\$0.00			
Other				\$0.00			
Total Fixed Rate Costs					\$0.00		
3. OTHER DIRECT COSTS (List by category - attach recap)				Actual Cost			
Lodging				\$0.00			
Laboratory				\$0.00			
Subcontracts				\$0.00			
Supplies				\$0.00			
Other				\$0.00			
Total Other Direct Costs					\$0.00		
4. Reimbursement Preparation Cost for RA#(s) _____ (\$500 or \$1000)							
5. TOTAL ACTUAL COSTS (Labor + Fixed Costs + Other Direct Costs +RA Prep)						\$0.00	
6. Markup on Total Other Direct Costs (maximum 20%)						\$0.00	
7. TOTAL CLAIM AMOUNT (Enter total amount claimed for reimbursement)						\$0.00	
A. Total Reimbursement Requested to Date Including Above:							
B. Less Amount Deductible (\$25,000, \$15,000, or \$7,500)							
C. Less Amount Previously Retained/Disallowed by RST:							
D. Less Amount Previously Received (Reimbursed by ADEQ):							
E. Amount of this Request (same as line 7 above unless it is the 1st Request):						\$0.00	