

**SOUTH DAKOTA
PETROLEUM RELEASE COMPENSATION FUND**

PAY REQUEST FORM

Complete this form with each payment request if you are applying for reimbursement of contractor/excavation expenses, and return it to the Fund's investigator for review and processing along with the applicable invoices and any canceled checks. ALL APPROPRIATE BLANKS PROVIDED IN THIS FORM MUST BE COMPLETED.

APPLICANT: _____ PRCF #: _____ DENR #: _____

Part I
Section A

CONTRACTOR/EXCAVATION EXPENSES

Invoice Information

<u>VENDOR NAME</u>	<u>AMOUNT OF CANCELED CHECK</u>	<u>INVOICE DATE</u>	<u>INVOICE NUMBER</u>	<u>GROSS INVOICE AMOUNT</u>	<u>REQUESTED AMOUNT</u>
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
	\$ _____	T O T A L		\$ _____	\$ _____
	=====			=====	=====

Part I
Section B

CONTRACTOR/EXCAVATION EXPENSES - UNIT PRICE INFORMATION

This information must be included in the contractors invoice or detailed on this form. Without this information, the PRCF will be unable to process your claim.

TYPE OF WORK	UNIT COST	TOTAL COST
Mobilization/demobilization of equipment	\$ _____	\$ _____
TANK REMOVAL AND DISPOSAL		
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
Tank size in gallons _____ no. of tanks _____ cost per tank \$ _____		\$ _____
SURFACE REMOVAL		
Asphalt: thickness in inches _____ no. of sq. yd. _____ cost per sq. yd. _____		\$ _____
Concrete: thickness in inches _____ no. of sq. yd. _____ cost per sq. yd. _____		\$ _____
With rebar? Yes _____ No _____		
EXCAVATION (in-place yardage)		
Excavate Soil: no. of cu. yd. _____ cost per cu. yd. _____		\$ _____
HAULING CONTAMINATED SOIL (loose yardage)		
no. of cu. yd. _____ cost per cu. yd./mile \$ _____ no. of miles (one way) _____		\$ _____
FILL MATERIAL (loose yardage)		
Purchase: no. of cu. yd. _____ cost per cu. yd. \$ _____		\$ _____
Placement & compaction: no. of cu. yd. _____ cost per cu. yd. \$ _____		\$ _____
Hauling: no. of cu. yd. _____ cost per cu. yd./mile \$ _____ miles (one way) _____		\$ _____
RESURFACING		
Concrete: thickness in inches _____ no. of sq. ft. _____ cost per sq. ft. _____		\$ _____
Asphalt: thickness in inches _____ no. of sq. ft. _____ cost per sq. ft. _____		\$ _____
OTHER (attach additional pages if required.)		
_____ \$ _____		\$ _____
_____ \$ _____		\$ _____
INVOICE SUBTOTAL		\$ _____
EXCISE TAX		\$ _____
INVOICE TOTAL (B-1)		\$ _____

LANDFARM/LANDFILL INFORMATION

TIPPING FEES no. of cu. yd. _____ cost per cu. yd. \$ _____	\$ _____
4% TAX	\$ _____
INVOICE TOTAL (B-2)	\$ _____
GRAND TOTAL (B-1 + B-2)	\$ _____

Part I
Section C

SDCL 34A-13-31 authorizes the Petroleum Release Compensation Board to "...reduce otherwise allowable claims submitted by the covered party...equal to the amount of the ineligible claim" when the covered party "...knew or should have known that the claim reimbursement was not allowable". A "Partial List of Ineligible Expenses" is available from the Petroleum Release Compensation Fund.

I, the undersigned, have read and understand the above statements. I hereby certify that the foregoing amounts submitted for reimbursement from the Petroleum Release Compensation Fund are true and correct to the best of my knowledge and beliefs. Furthermore, I hereby certify that the expenses submitted in this claim are for cleanup expenses that were incurred in compliance with SDCL 34A-13.

(Please Print or Type)

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT \$_____

Firm's Name

Address **City,** **State,** **Zip**

Applicant Name (Printed)

Applicant Signature

Date

FORMS THAT ARE FILLED OUT INCORRECTLY WILL BE RETURNED TO THE APPLICANT.