

SOUTH DAKOTA PETROLEUM RELEASE COMPENSATION FUND

PAY REQUEST FORM

Complete this form for each payment request if you are applying for reimbursement of environmental consultant expenses. Return the completed form 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 II
Section A

ENVIRONMENTAL CONSULTANT EXPENSES Invoice Information

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

Part II
Section B

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 NOT FILLED OUT CORRECTLY WILL BE RETURNED TO THE APPLICANT.