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					
VENDOR <u>NAME</u>	AMOUNT OF CANCELED <u>CHECK</u>	INVOICE <u>DATE</u>	INVOICE NUMBER	GROSS INVOICE <u>AMOUNT</u>	REQUESTED AMOUNT	
	\$	_		\$	\$	
	\$			\$	\$	
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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 inchesno. of sq		\$
Concrete: thickness in inchesno. of sq With rebar? Yes No	. ydcost per sq. yd	\$
EXCAVATION (in-place yardage)		
Excavate Soil: no. of cu. yd	cost per cu. yd	\$
HAULING CONTAMINATED SOIL (loos	e yardage)	
no. of cu. ydcost per cu. yd./mile \$_		\$
FILL MATERIAL (loose yardage)		
Purchase: no. of cu. vd.	cost per cu. vd. \$	\$
Purchase: no. of cu. yd Placement & compaction: no. of cu. yd	cost per cu. yd. \$	\$
Hauling: no. of cu. ydcost per cu. yd./n	nile \$ miles (one way)	\$
RESURFACING		
Concrete: thickness in inchesno. of s	q. ft. cost per sq. ft.	\$
Asphalt: thickness in inchesno. of s		\$
OTHER (attach additional pages if required.)		
		\$
		\$
INVOICE SUBTOTAL		\$
EXCISE TAX		\$
INVOICE TOTAL (B-1)		\$
LANDFA	RM/LANDFILL INFORMATION	
TIPPING FEES no. of cu. yd.	cost per cu. yd. \$	\$
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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 RE	EIMBURSEMENT \$	
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.