

**SOUTH DAKOTA  
PETROLEUM RELEASE COMPENSATION FUND**

523 E. Capitol Avenue Pierre, South Dakota 57501  
(605)773-3769 / Fax (605) 773-6048  
sd.gov/prcf

**PAY REQUEST FORM**

Complete this form for each payment request if you are applying for reimbursement. 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 #:** \_\_\_\_\_

**CONSULTANT/CONTRACTOR EXPENSES  
Invoice Information**

<u>VENDOR NAME</u>	<u>AMOUNT OF CANCELLED CHECK</u>	<u>INVOICE DATE</u>	<u>INVOICE NUMBER</u>	<u>GROSS INVOICE AMOUNT</u>	<u>REQUESTED AMOUNT</u>
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
_____	\$ _____	_____	_____	\$ _____	\$ _____
	\$ _____	<b>TOTALS</b>		\$ _____	\$ _____

**Note:** Excavation contractor claims require completion of the "Excavation Contractor Detail" form or a similarly detailed invoice.

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.

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**Total amount requested for reimbursement**      \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed/Typed Name)

\_\_\_\_\_  
(Date)

**FORMS THAT ARE NOT FILLED OUT CORRECTLY WILL BE RETURNED TO THE APPLICANT.**

## EXCAVATION CONTRACTOR DETAIL

**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			\$ _____
<b>TANK REMOVAL AND DISPOSAL</b>			
Tank size in gallons _____	# of Tanks _____	Cost per tank \$ _____	\$ _____
Tank size in gallons _____	# of Tanks _____	Cost per tank \$ _____	\$ _____
Tank size in gallons _____	# of Tanks _____	Cost per tank \$ _____	\$ _____
<b>SURFACE REMOVAL</b>			
Asphalt: Thickness in inches _____	# of Sq Yd _____	Cost per Sq Yd \$ _____	\$ _____
Concrete: Thickness in inches _____	# of Sq Yd _____	Cost per Sq Yd \$ _____	\$ _____
With rebar? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Excavation (in-place yardage)</b>			
Excavate Soil:	# of Cu Yd _____	Cost per Cu Yd \$ _____	\$ _____
<b>CONTAMINATED SOIL (loose yardage)</b>			
Hauling: Cost \$/Cu Yd/Mile \$ _____	# of Cu Yd _____	# of Miles (one way) _____	\$ _____
<b>FILL MATERIAL (loose yardage)</b>			
Purchase:	# of Cu Yd _____	Cost per Cu Yd \$ _____	\$ _____
Placement and Compaction:	# of Cu Yd _____	Cost per Cu Yd \$ _____	\$ _____
Hauling: Cost \$/Cu Yd /Mile \$ _____	# of Cu Yd _____	# of Miles (one way) _____	\$ _____
<b>RESURFACING</b>			
Asphalt: Thickness in inches _____	# of Sq Ft _____	Cost per Sq Ft \$ _____	\$ _____
Concrete: Thickness in inches _____	# of Sq Ft _____	Cost per Sq Ft \$ _____	\$ _____
Other (attach additional pages if required)			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

INVOICE SUBTOTAL	\$ _____
_____ % TAX	\$ _____
<b>CONTRACTOR TOTAL</b>	<b>\$ _____</b>

**LANDFILL INFORMATION**

# of Cu Yd _____	Cost per Cu Yd \$ _____	\$ _____
	_____ % TAX	\$ _____
	<b>LANDFILL TOTAL</b>	<b>\$ _____</b>

**GRAND TOTAL** \$ \_\_\_\_\_