

For State Use Only – Received Date

PAYMENT REQUEST FORM

GEORGIA UNDERGROUND STORAGE TANK TRUST FUND GEORGIA ENVIRONMENTAL PROTECTION DIVISION

This application must have copies of itemized invoices with proof of payment. **Mail completed request to the Underground Storage Tank Management Program, Georgia Environmental Protection Division, 4244 International Parkway, Suite 104, Atlanta, Georgia 30354.**

Payment Request # _____

REIMBURSEMENT AMOUNT REQUESTED WITH THIS FORM:	\$ _____
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Name and Location of Facility	<u>Name(s) and Address(es) of Payee(s)</u>
Name:	Name(s):
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
County:	
Facility ID:	GEOS Submittal ID #
	Report Associated with this Payment Request

I certify that I have examined this report and that it is a true and complete report of tasks completed and paid for under the approved corrective action plan for the above facility.

Signature of O/O or authorized representative	Date
Print Name	Phone Number
Email Address	

SPACE BELOW FOR STATE USE ONLY

Approval – Environmental Protection Division	Date	Amount Approved
		\$ _____

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		\$ _____