

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:

\$

Name and Location of Facility	<u>Name(s) and Address(es) of Payee(s)</u>
Name: Address: City, State, Zip Code: County: Facility ID:	Name(s): Address: City, State, Zip Code: 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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Approval – Environmental Protection Division _____ Date _____	Amount Approved \$ _____
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