**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: | **$** |
|  |  |
| **Name and Location of Facility** | **Name(s) and Address(es) of Payee(s)** |
| Name: |  | Name(s): |  |
| Address: |  |  |  |
| City, State, Zip Code: |  | Address: |  |
| County: |  | City, State, Zip Code: |
| Facility ID: |  | **GEOS Submittal ID #** |
|  |  **Report Associated with this Payment Request** |
| I certify that I have examined this report and that it is a true and complete report of tasks completed and paid for under the approved corrective action plan for the above facility. |
| **Signature of O/O or authorized representative** | **Date** |
| **Print Name** | **Phone Number** |
| **Email Address** |
| **SPACE BELOW FOR STATE USE ONLY** |
| **Approval – Environmental Protection Division Date** | **Amount Approved****$** |
|  |  |
| **Approval – Environmental Protection Division Date** | **Amount Approved****$** |

**Payment Request Form** **Revised 8/17**

**Retain a Copy for Your Files**