**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**