

PAYMENT REQUEST FORM

GEORGIA UNDERGROUND STORAGE TANK TRUST FUND GEORGIA ENVIRONMENTAL PROTECTION DIVISION

For State Use Only – Received Date

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	
Name:		Name(s):	
Address:		Address:	
City:		City, State, Zip:	
State:	Zip Code:		
County:		1 st Federal Tax ID Number or Social Security # / Payee:	
Facility ID:		2 nd Federal Tax ID Number or Social Security # / Payee:	
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:	
Email Address:			

SPACE BELOW FOR STATE USE ONLY

Approval - Environmental Protection Division:	Date:	Amount Approved: \$
Approval - Environmental Protection Division:	Date:	Amount Approved: \$