

PETROLEUM STORAGE TANK TRUST FUND REQUEST FOR PAYMENT VOUCHER

DERR Project Manager: _____

Date: _____

SUBMITTED BY: _____	BILL TO:
PAYEE: _____	UTAH DEPT. OF ENVIRONMENTAL QUALITY
RELEASE NUMBER: _____	DIV. OF ENVIRONMENTAL RESPONSE & REMEDIATION 195 NORTH 1950 WEST - PO BOX 144840 SALT LAKE CITY, UTAH 84114-4840
ADDRESS: _____	
FACILITY NUMBER: _____	PHONE NO. (801) 536-4100
TYPE OF BUSINESS: _____	
SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____	
SITE NAME: _____	
SITE LOCATION: _____	
PHONE: _____	

DATE	WORK PLAN	SERVICES RENDERED: DESCRIPTION MUST INCLUDE COPIES OF INVOICES, CHECKS & BACK-UP DOCUMENTATION	INVOICE #	AMOUNT

I, the undersigned, certify that the above listed items or services were required for and used at this site, that the charges appearing hereon are correct, and that no part of the same has been paid for by the PST Fund. The presentation of a claim based on materially false information is subject to criminal penalties. Utah Code Ann. § 19-6-429.

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SIGNATURE OF RESPONSIBLE PARTY _____	DATE _____	SIGNATURE OF CONSULTANT FOR PROJECT _____	DATE _____
NOTE: Signatures of BOTH Responsible Party AND Consultant required for Direct Reimbursement to the Consultant. Only one signature required for reimbursement to owner.			

	TOTAL SUBMITTED: \$ _____
CLAIM # 1	LESS DISALLOWED COSTS: _____
PMT #	SUB-TOTAL APPROVED: \$ _____
	LESS DEDUCTIBLE: \$ _____
	TOTAL TO REIMBURSE: \$ _____

STATE USE:					
PROJECT MANAGER _____	DATE _____	ACCOUNTANT _____	DATE _____	DIVISION DIRECTOR _____	DATE _____
PST SECTION MANAGER _____	DATE _____	MSC _____	DATE _____	DEQ/FINANCE _____	DATE _____

REV DATE: 2/27/17	FINANCIAL CODING	FUND	AGENCY	LOW ORG	APPR	SOURCE	PROGRAM	FUNCTION	AMOUNT
		7220	480	4731	7220	6137			\$ _____