**PETROLEUM STORAGE TANK TRUST FUND**

**REQUEST FOR PAYMENT VOUCHER**

**DERR Project Manager:**

**PAYEE:**

**RELEASE NUMBER:**

**PAY TO:**

**FACILITY NUMBER:**

**TYPE OF BUSINESS:**

**SITE NAME:**

**ADDRESS:**

**FACILITY NUMBER:**

**SITE LOCATION:**

**PHONE:**

**PHONE NO. (801) 536-4100**

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>WORK PLAN</th>
<th>SERVICES RENDERED: DESCRIPTION MUST INCLUDE COPIES OF INVOICES, CHECKS &amp; BACK-UP DOCUMENTATION</th>
<th>INVOICE #</th>
<th>AMOUNT</th>
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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.

**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.

**STATE USE:**

**TOTAL SUBMITTED:** $  

**CLAIM # 1**

**LESS DISALLOWED COSTS:**

**PMT #**

**SUB-TOTAL APPROVED:** $  

**LESS DEDUCTIBLE:** $  

**TOTAL TO REIMBURSE:** $  

**REV DATE: 2/27/17**

**FINANCIAL CODING**

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<th>AGENCY</th>
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<th>APPR</th>
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<th>FUNCTION</th>
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