

**UNDERGROUND STORAGE TANK PROGRAM**  
**Request for Payment of UST Corrective Action Costs**  
**Summary Sheet for All Charges in this Billing Package**

The owner/operator or their representative shall complete this form and place it in the front of the billing package. All charges in this billing package shall be summarized on this form.

<b>PAYMENT ITEM</b>	<b>TOTAL PAYMENT REQUESTED</b>
PERSONNEL	\$ _____
EQUIPMENT	\$ _____
MATERIALS & EXPENDABLES (In Stock Items)	\$ _____
MATERIALS & EXPENDABLES (Field Purchases)	\$ _____
SUBCONTRACTORS	\$ _____
<b>TOTAL PAYMENT REQUESTED</b>	<b>\$ _____</b>

**Please provide the name(s) and date(s) of the technical report(s) submitted to the Illinois EPA that document the work for which the above reimbursement request is being submitted:**

Name(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

The Agency is authorized to require this information under 415 ILCS 5/1. Disclosure of this information is required. Failure to do so may result in the delay or denial of any budget or payment requested hereunder. This form has been approved by the Forms Management Center.