

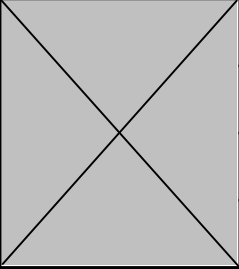
Brownfield Site Assessment Grant Program Reimbursement Claim and Worksheet

Notice: Information requested on this form is required by the Department for any claim for reimbursement filed pursuant to ch. NR 168, Wis. Adm. Code. The Department will not consider your claim for reimbursement unless you submit complete information. Personally identifiable information requested on this form is not intended to be used for any other purpose, but may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Submit two (2) copies of this completed form (including worksheet on page 2), invoices, and canceled checks or other acceptable proof of payment for all costs that are a part of this claim to the following address: **BF SAG Manager - RR, PO Box 7921, Madison, WI 53707-7921**

Grantee	Grant Number	Type of Request <input type="checkbox"/> Partial 1 <input type="checkbox"/> Partial 2 <input type="checkbox"/> Final
Project Name		County/Region

Grant Information		
	Grant	Match (___%)
Amounts listed on Grant Agreement	\$	\$
Totals Paid from previous Claims (if applicable)	-	-
Remaining Available and Required Grants	\$	\$

Current Claim Expenditures		
	Grant	Match
A. Phase I Environmental Assessment	\$	\$
B. Phase II Environmental Assessment	\$	\$
C. ch. NR 716 Site Investigation	\$	\$
D. Demolition	\$	\$
E. Asbestos Abatement Associated w/Demolition	\$	\$
F. Abandoned Container Removal and Demolition	\$	\$
G. Hazardous Substance Tank Removal and Disposal	\$	\$
H. Petroleum Product Tank Removal and Disposal	\$	\$
I. Payment or Waiver of Delinquent Taxes		\$
J. Acquisition Costs (other than legal fees)		\$
K. Site Maintenance or Security During Project Period		\$
L. Other Remediation Activities (Specify)		\$
Total Grant and Match this Claim	\$	\$
Remainders for Next Claim	\$	\$

Certification		
I certify that to the best of my knowledge and belief the billed costs are based on actual payments of record, have not been previously requested, and are in accordance with the grant contract and the eligible cost and reimbursement provisions under Chapter NR 168, Wis. Adm. Code.		
Signature of Authorized Representative	Print Name of Authorized Representative	Date Signed

**Brownfield Site Assessment Grant Program
Reimbursement Claim and Worksheet**

Form 4400-222 (2/08)

Reimbursement Claim Worksheet

Project Name					Grant Number			Available Grant Amount*	Available Match Amount*
Date of Service	Invoice #	Payee	Description of Expenditure	Check No.	Date of Check	Total Check Amount	Amount Used For This Claim	Amount Applied Toward Grant	Amount Applied Toward Match
A.									
B.									
C.									
D.									
E.									
F.									
G.									
H.									
I.									
J.									
K.									

*Prior to this claim	Totals This Claim	\$	\$
	Remaining Amounts	\$	\$

Preparer	Date Signed	Telephone Number
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