

2009 Federal LUST Recovery Act Funds
Wisconsin Leaking Underground Storage Tank Program
Reimbursement Claim Worksheet
 Form 4400-256 (10/09)

Notice: Use of this form is required by the DNR for any American Recovery & Reinvestment Act reimbursement submittal. Personally identifiable information collected will be used for grant administration and will also be accessible by request under Wisconsin's Open Records law. [ss. 19.31 – 19.69, Wis. Stats.]. Reimbursements must be complete in order to be processed.

Instructions: Submit two (2) copies of this completed form and invoices for all costs that are a part of this claim to the following address: DNR LUST ARRA – RR/5, PO Box 7921, Madison, WI 53707-7921

Grantee	Type of Request <input type="checkbox"/> Partial <input type="checkbox"/> Final
Project Name	County

Grant Information

	Grant
Site Investigation	\$
Remedial Action	\$
Closure	\$
<i>Total of Main Categories</i>	\$

Sub-Categories (this includes services sub-contracted by the consultant and real capitol)

Consulting Fees (includes time to prepare bids, coordinate commodities, oversight of commodity providers and reporting)	\$
Soil Boring (hand auguring, geo probe, etc)	\$
Well Installation (well drilling, well components, etc)	\$
Excavation (excavation equipment, hauling equipment, soil sample collection, disposal fees, clean fill, compaction equipment, etc)	\$
Sampling (collection bottles, well bailers, shipping costs, lab costs, etc)	\$
Surveying (if not conducted by the consultant)	\$
Real Capitol Expenses (ex. pipes for water supply)	\$
Other (explain):	\$
<i>Total of Sub-Categories (should equal total of main categories)</i>	\$
<i>Remaining Funds for Next Claim</i>	\$

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 intergovernmental agreement and the eligible cost and reimbursement provision within the agreement.

Signature of Authorized Representative	Print Name of Authorized Representative	Date Signed
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