

**STATE OF CALIFORNIA
UNDERGROUND STORAGE TANK CLEANUP FUND**

**REIMBURSEMENT
REQUEST
INSTRUCTIONS
AND
CHECKLIST**

**STATE WATER RESOURCES CONTROL BOARD
DIVISION OF FINANCIAL ASSISTANCE**

Mailing Address:

STATE WATER RESOURCES CONTROL BOARD
UST CLEANUP FUND PROGRAM
PO BOX 944212
SACRAMENTO, CA 94244-2120

Contact Fund at: 1-800-813-FUND(3863) or

Physical Address:

STATE WATER RESOURCES CONTROL BOARD
UST CLEANUP FUND PROGRAM
1001 I STREET, 17TH FLOOR
SACRAMENTO, CA 95814-2828

USTCF_Payments@waterboards.ca.gov

Website: www.waterboards.ca.gov/water_issues/programs/ustcf

REVISED 08/28/08

REIMBURSEMENT REQUEST INSTRUCTIONS UNDERGROUND STORAGE TANK CLEANUP FUND

1-2-3 STEPS TO COMPLETE REIMBURSEMENT REQUESTS

BEFORE YOU DO ANYTHING, you should know...

- Reimbursements can only be made after a Letter of Commitment has been issued for your claim. (Section 2812.[b])
- No reimbursements can be made without invoices and proof of payment. (Section 2812.[c]) Invoices must be submitted for all costs claimed whether paid for or not. This includes subcontractor invoices.
- No reimbursements can be made without a completed Reimbursement Request (RR) form and spreadsheet. This also applies to submittals for pending costs. (Section 2811.2[l])
- No hard copies of technical reports are required. However, the reports must be uploaded to the SWRCB Geotracker database.

STEP ONE—GATHER ALL REQUIRED FORMS

Gather **copies** of all invoices, cancelled checks, and regulatory agency correspondence with Geotracker confirmation page(s). Put them in three separate piles in chronological order. You should also include with every RR package a Narrative Work Description.

See “Reimbursement Request Checklist” to help you with what forms are required for your particular RR package. You will need an Address Change Form if you have moved or would like your correspondence and checks mailed to a different address than what we have on file. You will need a new Claimant Data Record form if you have moved out of California, or for some reason, your tax identification number has changed. You may need a Power of Attorney form under certain circumstances. The Checklist will guide you to use the appropriate forms.

STEP TWO—COMPLETE THE SPREADSHEET

From the invoices pile, complete the spreadsheet form showing invoices to be claimed. From the cancelled checks pile, complete the spreadsheet form indicating what checks paid for what invoices. If costs are within one year of the RR and have not been paid yet, write “Not Paid Yet” in the Payments Verification Section. The following are detailed instructions:

Checkboxes are provided to help you complete the form.

SECTION 1

Complete identification information in upper left corner indicating:

CLAIMANT INFORMATION

- 1) Name of the claimant as it appears on your Letter of Commitment.
- 2) Number assigned to this claim by the Fund.
- 3) Number of this request. If Final, write the request number AND Final.
- 4) Region in which the site is located.

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- Complete the page information in the upper right-hand corner after you complete your spreadsheet (i.e. Page 1 of 4).

SECTION 2

INVOICE INFORMATION

- Carry the previous total forward from the last Payment Summary (New Reimbursement Totals) and enter this amount at the top of the "Amount Requested" column. If this is the initial request or if there have not been any costs previously determined eligible, leave this box blank.
- Complete the "Invoice Information Section" by starting with "Payee" and working across each column of Section 2. **INVOICES SHOULD BE LISTED IN CHRONOLOGICAL ORDER.**

"Payee" = The name of the vendor for the invoice being listed.

"Work Performed" = The work performed for the invoice being listed (i.e. groundwater monitoring, initial site investigation, etc.).

"Invoice No" = The number of the invoice being listed. Write "N/A" if no number is given.

"Invoice Date" = The date of the invoice being listed.

"Invoice Amount" = The entire amount of the invoice being listed, including any ineligible costs you are not requesting reimbursement for.

"Amount Requested" = The dollar amount requested for reimbursement, not including ineligible costs.

"Ineligible" = Any ineligible costs included in the invoice (i.e., tank removal). These costs will not be considered for reimbursement.

"Eligible Third Party" = Any eligible third party costs. Leave this column blank, unless legally awarded a third party claim previously approved by the Fund.

SECTION 3

PAYMENT VERIFICATION

- Complete the Payment Verification section.

"No" = The number of the check used to pay the invoice(s) listed. **If the invoice has not been paid and is dated within one year of the Reimbursement Request, write in the Payment Verification section: "Not Paid Yet".**

"Date" = The date of the check.

"Amount" = The entire amount of the check being listed. If the check is greater or less than the amount of the invoice, provide an explanation in the "Comments" section. A breakdown of the check listing all invoices and amounts is required if the check was used to pay several invoices.

"Comments" = Any information needed to explain completion of the spreadsheet, not the work performed.

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SECTION 4 Total the “Amount Requested” column on each page and bring that Amount forward to the next page. If this is the last page of your spreadsheet, carry this number forward to your “Request for Reimbursement Form”.

AMOUNT REQUESTED

SAMPLE SPREADSHEET

Claimant Sheet											Spreadsheet No. 1 of 46	
Claimant: Section 1 Claim No: Request No: Region:											Payment Verification	
#	Payee	Purpose	Invoice No.	Invoice Date	Invoice Amount	Amount Requested	Ineligible \$	Eligible Third Party	Check No.	Check Date	Check Amount	USTCF Spreadsheet Comments
Previous Total (Last Reimbursement)												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
Subtotal Sheet 1						0.00	0.00	0.00	0.00		0.00	

Section 4 →

NOTE: The Spreadsheet is also available on our website www.waterboards.ca.gov/water_issues/programs/ustcf in electronic format entitled “Electronic Spreadsheet Instructions.”

REIMBURSEMENT REQUEST INSTRUCTIONS UNDERGROUND STORAGE TANK CLEANUP FUND

STEP THREE – THE REIMBURSEMENT REQUEST (RR) FORM

The RR form must be submitted with each Reimbursement Request package. The RR must be signed and dated in ink by the person(s) who signed the original claim application. You will need your completed spreadsheet to complete the RR form. The following are detailed instructions.

Checkboxes are provided to help you complete the form.

SECTION 1	<input type="checkbox"/> Indicate Reimbursement Request Number (1, 2, etc. Final).
CLAIMANT INFORMATION	<input type="checkbox"/> Complete an “Address Change” form (if applicable).
	A final reimbursement request is made only when the project is 100 percent complete and the site received closure from the appropriate regulatory agency. Include a copy of the letter from the regulatory agency to verify that the subject site is closed. The final reimbursement request should be identified as such by entering the word “FINAL” after the number of the reimbursement in the space provided in the upper right corner of the form (e.g. “Reimbursement No. 5-Final”).

SECTION 2	Ensure the total eligible amount claimed is indicated. The amount should be cumulative (total-to-date). After completing the spreadsheet, transfer the total amount requested to Line 1, “Corrective Action Costs”. Any costs pertaining to “Third Party Judgements” should appear on the Fund’s pre-printed form on Line 2. Any adjustments (settlements, etc.) should appear on the Fund’s pre-printed form on Line 3.
PROJECTED COSTS INCURRED TO DATE	<input type="checkbox"/> The deductible is pre-printed by the Fund on each reimbursement request form. <input type="checkbox"/> Total all amounts.

SECTION 3	Sign Reimbursement Request form in ink and date. Mail package to:
Mailing Address:	Physical Address:
State Water Resources Control Board USTCF—PAYMENTS UNIT P.O. Box 944212 SACRAMENTO, CA 94244-2120	State Water Resources Control Board USTCF—PAYMENTS UNIT 1001 I Street, 17 th Floor SACRAMENTO, CA 95814-2828

**REIMBURSEMENT REQUEST INSTRUCTIONS
UNDERGROUND STORAGE TANK CLEANUP FUND**

SAMPLE REIMBURSEMENT REQUEST FORM

REIMBURSEMENT REQUEST - UNDERGROUND STORAGE TANK CLEANUP FUND

CLAIM NO:	REGION:	REIMBURSEMENT NO:
CLAIMANT:		
CO-PAYEE:		
JOINT CLAIMANT:		
C/O:		
ATTN:		
MAILING ADDRESS:		
CONTAMINATED SITE:		
ADDRESS:		

Section 1

CHECK HERE AND COMPLETE "ADDRESS CHANGE FORM" IF ADDRESS HAS CHANGED http://www.waterboards.ca.gov/water_issues/programs/ustcf

LETTER OF COMMITMENT: \$ _____	AMENDMENT NO: _____
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<p>PROJECT COSTS INCURRED TO DATE <i>(This Section to be completed by claimant)</i></p> <p>1. CORRECTIVE ACTION COSTS <i>(Costs entered here must be cumulative, Total-to-date, NOT INCREMENTAL.)</i></p> <p>2. THIRD PARTY JUDGEMENT</p> <p>3. ADJUSTMENT</p> <p>4. DEDUCTIBLE (Subtract)</p> <p>TOTAL</p>	<div style="font-size: 2em; font-weight: bold; transform: rotate(-15deg); margin-bottom: 10px;">Section 2</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-top: 1px solid black;">\$ _____</td></tr> <tr><td style="border-top: 1px solid black;">\$ _____</td></tr> <tr><td style="border-top: 1px solid black;">\$ ()</td></tr> <tr><td style="border-top: 1px solid black;">\$ ()</td></tr> <tr><td style="border-top: 1px solid black;">\$ _____</td></tr> </table>	\$ _____	\$ _____	\$ ()	\$ ()	\$ _____
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CERTIFICATION:
I have read and agree with the Conditions of Payments (See Conditions of Payment Certification form).
NOTE: This request CANNOT BE PROCESSED unless a complete and accurate Conditions of Payment Certification form is currently on file with the Fund.

The costs claimed have been incurred and have been paid or will be paid within thirty (30) days of receipt of the funds requested hereby. If such costs have not been paid within 30 days, funds received under this request will be returned to the State Water Resources Control Board.

Section 3

CLAIMANT SIGNATURE: _____	DATE: _____
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STATE USE ONLY: APPROVAL FOR PAYMENTS

\$ _____ LESS \$ _____ = \$ _____

Approved for Payment to Date	Previous Payments	Amount Due

Reviewed By: _____	Title: _____	Date: _____

Approved By: _____	Title: _____	Date: _____

REIMBURSEMENT REQUEST INSTRUCTIONS
UNDERGROUND STORAGE TANK CLEANUP FUND

REIMBURSEMENT REQUEST CHECKLIST

The following checklist includes all the information that may be required when submitting a Reimbursement Request. It is recommended to complete a checklist and include it with each submittal.

SUBMIT THE FOLLOWING WITH EVERY REIMBUREMENT REQUEST:

- REIMBURSEMENT REQUEST FORM (can only be obtained from the Fund)**
Complete Reimbursement Request form in accordance with Step Three of the Reimbursement Request Instructions.

- SPREADSHEET**
Complete spreadsheet in accordance with Step Two of the Reimbursement Request Instructions.

- NARRATIVE WORK DESCRIPTION**
A written summary of work performed, in chronological order, relating to the current request.

- INVOICES**
Copies of invoices listed on the spreadsheet. Attach supporting subcontractor invoices and receipts.

- CANCELED CHECKS**
Copies of canceled checks as listed on the spreadsheet.

- TECHNICAL REPORTS**
Insure all technical reports are uploaded to the SWRCB Geotracker database.

- REGULATORY AGENCY CORRESPONDENCE**
Directives and approvals for tasks/invoices submitted. If no further action is required at the site, submit the site closure letter.

SUBMIT THE FOLLOWING AS REQUIRED:

- CONDITIONS OF PAYMENT**
Conditions of Payment form must be submitted with RR No. 1 and every time the claimant's or joint claimant's name or signatory for the claim is changed.

- PRE-APPROVAL LETTERS**
Pre-Approval letters if submitting invoices for tasks that have been Pre-Approved by the Fund.

- POWER OF ATTORNEY**
An Attorney-in-Fact may be appointed to act on the claimant's behalf before the Fund when submitting required reimbursement request documentation.

- ADDRESS CHANGE FORM**
If there is a change in the claimant's mailing address, this form must be submitted. If the new address is outside of California, a new **Claimant Data Record** form is also required.