Roll Over Comment Boxes to Review Instructions

Claimant: RUSS T. TANK
Claim No: 1111
Request No: 15
Region: 6

Reimbursement Request Spreadsheet

Spreadsheet No. 1
Work Performed Date: 4/1/10-6/10/10

				Work Phase Breakdown									
				Project Mgmt.	Site Assess.	GW Monitoring	Interim Rem.	Remedy Selection	Remedial Implement.	Remedial O&M	Post Rem. Closure		
	Budget Period 2010-2011		Budget Amount	5,200.00	38,500.00	11,500.00	0.00	0.00	82,700.00	45,780.00	0.00		
Provider	Invoice No.	Invoice Date	Invoice Amount	Reimbursement Amount Requested (by work phase)								Amount Requested	Comments
ECG	4057	04/21/10	15,843.59	312.59	2,115.00	3,628.10			9,787.90			15,843.59	
ECG	4066	06/11/10	6,612.31			3,818.31			2,794.00			6,612.31	
ECG	4075	06/23/10	37,709.27						37,709.27			37,709.27	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
												0.00	
btotal Sheet 1			60,165.17	312.59	2,115.00	7,446.41	0.00	0.00	49,691.17	0.00	0.00	60,165.17	

Sample

Sheet1&2 / Sheet3&4 / Sheet5&6 / Sheet7&8 / Sheet9&10 / Sheet1