**STATE REVOLVING FUND PAYMENT REQUEST**

**PLANNING ASSISTANCE REIMBURSEMENT (PAR)**

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

(5-2022)

SEND TO: Recipient:

Division of Municipal Facilities

4201 Normandy Street Address:

Bismarck, ND 58503-1324

City: State: Zip:

|  |  |  |
| --- | --- | --- |
| **CONTRACT INFORMATION (BY RECIPIENT)** | BUDGET CATEGORY | EXPENDITURES |
| Billing Period: | Engineering |  |
| From To |  |  |
| Clean Water State Revolving Fund PAR  |  |  |
| Drinking Water State Revolving Fund PAR  | Other: Specify |  |
|  |  |
| **PAYMENT AUTHORIZATION (BY DEPARTMENT)**  CWSRF and/or DWSRF PAR Reimbursement  Approved for payment from State Admin Funds: |  |  |
|  |  |
|  |  |  |
| CWSRF Program Date |  |  |
|  |  |
| DWSRF Program Date    SRF Administrative Support Date    PFA Date    BND Date | TOTAL EXPENDITURES |  |
| North Dakota Department of Environmental Quality Reimbursement (Maximum $15,000 per program up to 80% of the total eligible costs) |  |
| Payee Signature Date | |