**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 ReimbursementApproved 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 |