



STATE REVOLVING FUND PAYMENT REQUEST
PLANNING ASSISTANCE REIMBURSEMENT (PAR)
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF MUNICIPAL FACILITIES
 (4-2026)

SEND TO:
 Division of Municipal Facilities
 4201 Normandy Street
 Bismarck, ND 58503-1324

Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information (By Recipient)	
Billing Period:	
_____	_____
From	To
Clean Water State Revolving Fund PAR	<input type="checkbox"/>
Drinking Water State Revolving Fund PAR	<input type="checkbox"/>

Budget Category	Expenditures
Engineering:	
Other: Specify	
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

Payment Authorization (By Department)

CWSRF and/or DWSRF PAR Reimbursement Approved for payment from State Admin Funds:

CWSRF Program

Date

DWSRF Program

Date

SRF Program Support

Date

PFA Program

Date

BND

Date