# REQUEST FOR REIMBURSEMENT - ABANDONED MOTOR VEHICLE PROGRAM

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 8387 (5/2006)

Clear Fields

Telephone: 701-328-5166
Fax Number: 701-328-5200
Website: www.ndhealth.gov/wm

## SECTION 1. ADMINISTRATIVE SECTION

| | | | |
|---|---|---|---|
| Name of Government Unit: | Check One: ☐ Region/District ☐ County ☐ City ☐ Township | Telephone Number: | |
| Applicant Name: | Address: | Fax Number: | |
| Position: | City: | State: | Zip Code: |
| Department Contact and Phone Number: | Amount Requested: | Date of Request: | |
| Project Name: | Contract Dates: | Contract Number: | |

## SECTION 2. BUDGET EXPENDITURES

| Personnel (Name) | Title or Position | Hourly Wage | Hours Claimed | Amount Requested |
|---|---|---|---|---|
| 1. | | ($ _____.00) | | |
| 2. | | ($ _____.00) | | |
| 3. | | ($ _____.00) | | |

## SECTION 3. SURVEY PHASE

| | |
|---|---|
| Number of townships surveyed at ($ ———.00) ( Please attach list.) | |
| Number of townships with one release form ($ _____.00) (Please identify on list.) | |
| Number of satisfactorily completed release forms ($ _____.00) (Please send originals to the Department.) | |
| Miscellaneous supplies and office materials necessary to complete survey: (Please attach itemization.) | |
| Costs for advertisement of bids: (Please attach receipts.) | |
| Mileage (Please certify with signature: _____) | |
| Incentive payment of ($ _____ per ton): | |

## SECTION 4. COLLECTION PHASE

| | |
|---|---|
| Cost of collection, crushing, and transportation: (Please attach weight tickets and receipts.) | |
| Miscellaneous supplies and office materials necessary to complete collection: (Please attach itemization.) | |
| **TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT** | |

## SECTION 5. SIGNATURES

| | |
|---|---|
| Reviewed by NDDH Representative and Date: | Unit of Government: |
| Title: | Title: |
| Recommended Payment Aount: | Signature of Grantee and Date: |

The applicant certifies that the foregoing information is true, correct, and complete, and that payment (reimbursement) has not been received.

SEND REQUEST FOR REIMBURSEMENT TO: **ND Department of Heath**
**Division of Waste Management**
**918 E. Divide Ave.**
**Bismarck, ND 58501-1947**