

REQUEST FOR REIMBURSEMENT - ABANDONED MOTOR VEHICLE PROGRAM

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT SFN 8387 (06-2022)

Clear Form

Telephone: 701-328-5166
Fax: 701-328-5200
Email: solidwaste@nd.gov
Website: https://deq.nd.gov/wm

Name of Government Unit		heck One						Telephone Number		
		Region/District County City Township					·			
Applicant Name	Address	dress					Fax Number			
Position	City	City						ZIP Code		
Department Contact and Phone Number	Amount F	Amount Requested					Date of Request			
Project Name	Contract	Dates				Contr	Contract Number			
SECTION 2. BUDGET EXPENDITURE	S									
Personnel (Name)	Title or Po	osition	Hourly Wage		Hours Claimed	Am	Amount Requeste			
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 relea	se forms (\$.00)	(Please send	d or	iginals to	the Dept)	\$				
Miscellaneous supplies and office materials necessary to complete (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						1				
Cost of collection, crushing, and transportation (Please attach weight tickets and receipts)						\$				
Miscellaneous supplies and office materials necess	(Please attach itemization)				\$					
TOTAL	_ AMOUNT REQU	ESTED FOR RI	EIN	IBURS	EMENT	\$				
SECTION 5. SIGNATURES										
Reviewed by ND Dept of Environmental Quality Repr	esentative & Date	Unit of Government								

Reviewed by ND Dept of Environmental Quality Representative & Date	Unit of Government					
Title	Title					
Recommended Payment Amount	Signature of Grantee	Date				
Approved by ND Dept of Environmental Quality Division Director & Date	Department Code					

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