



PAYMENT REQUEST FORM

Invoice(s) total: \$ _____ for:

ST _____ Claim No. _____ Site Name: _____

PSTIF Approval Amount or Date: (1) _____ (2) _____ (3) _____

Allocation of Invoiced Amount: (1) _____ (2) _____ (3) _____

The following backup invoices and information are included:

- Drilling Invoice(s)
- Landfill Invoice(s)
- Tank Removal Invoice(s)
- Water Disposal Invoice(s)
- Laboratory Invoice(s)
- Laboratory Analytical(s)
- Lien Waiver(s)
- Completed Claim Form
(if not previously submitted)
- Report Dated _____
- Report to Follow
- Report previously submitted
- Other : _____

TO BE COMPLETED BY ENVIRONMENTAL CONSULTANT OR CONTRACTOR

I certify that the enclosed invoices reflect the actual time spent and charges incurred for work done at this site. I understand that responsibility for payment of these invoices rests with the person who contracted for these services, which may not be the landowner. I further understand that the Board of Trustees for the Petroleum Storage Tank Insurance Fund (hereafter PSTIF) did not contract for these services and the PSTIF is not ultimately responsible for the payment of these invoices.

Signature of Consultant

Company

Date

TO BE COMPLETED BY FUND PARTICIPANT/BENEFICIARY

The enclosed invoices reflect the actual amount paid by or billed to me. Any photocopies are true and unaltered. I understand that the PSTIF did not contract for these services and that payment of these invoices to the vendor(s) is my responsibility. I further understand that any claim submitted is subject to the rules and regulations governing the PSTIF and any payments made by the PSTIF do not waive the rights of the PSTIF to deny or reduce benefits based upon new information and/or said rules and regulations. I further certify that I have not applied for benefits for these costs from any other insurer, and that no payment for the submitted invoices has been received or is expected from any party.

Please issue a check made payable or jointly payable to: _____

(Check cannot be issued solely to the vendor) _____

Mail check to the following address:
(Yours or the Consultant's) _____

STATEMENT OF INSURED: The said loss was not caused by any act, design or procurement on the part of the insured, by anyone having an interest in this property or facility, by any eligible applicant for benefits from the PSTIF, nor by the affiant. Nothing has been done by, or with, the privity or consent of the insured, owner, operator, any eligible applicant for benefits from the PSTIF, or this affiant to violate the terms and conditions of the policy and/or regulations governing the benefits available through the PSTIF. No attempt has been made to deceive the PSTIF in any manner as to the cause and the extent of said claim or otherwise.

SUBROGATION: The insured, owner, operator, and/or PSTIF beneficiary hereby covenants that no release has been or will be given to or settlement or compromise made with any third party who may be liable in damages for said loss. The insured, owner, operator and/or PSTIF beneficiary further agrees to cooperate in any cost recovery action, including litigation, against any potentially liable third party.

_____ By my initials, I also state that I am the landowner of this location.
(Initials)

I, _____, **UNDERSTAND THAT BY SIGNING BELOW I CERTIFY THAT I HAVE READ THE**
(Print Name)
ABOVE AND AM THE RIGHTFUL AUTHORITY TO MAKE A CLAIM FOR BENEFITS FROM THE PSTIF.

Signature/Title

Company

Date

Phone Number (Fund Participant/Beneficiary)

Email Address (Fund Participant/Beneficiary)

INSTRUCTIONS FOR COMPLETING THE PAYMENT REQUEST FORM

(SEND THIS FORM TO THE PETROLEUM STORAGE TANK INSURANCE FUND EACH TIME YOU SEND US INVOICES)

Top Section of Form:

“Invoice(s) total” is the sum of all invoices submitted, including costs that may not be eligible.

Fill in the ST number, Claim number if you know it, and the name by which the site was identified when the claim was made.

Tell us which cost approval the invoices apply to. You may use either the date of our cost approval letter, or the amount of money we agreed to pay, in the “PSTIF Approval Amount or Date” field(s). Then tell us, in the “Allocation of Invoiced Amount” blank(s), how much of the cost on the invoices should be allocated to that pre-approval commitment from us.

Example: We issued a letter approving estimated costs of \$20,000 for site characterization and \$5,000 for a year of groundwater monitoring. You submit invoices totaling \$22,000 for site characterization and groundwater monitoring. Your invoices include \$19,000 for site characterization activities and \$3,000 for groundwater monitoring. The entries would look like this:

Invoice(s) total: \$22,000.00 for:

ST9876542 **Claim No.** 10099 **Site Name:** John’s Gas Station

PSTIF Approval Amount or Date: (1) \$20,000.00 (2) \$5,000.00 (3)

Allocation of Invoiced Amount: (1) \$19,000.00 (2) \$3,000.00 (3)

Middle Section of Form:

This should be signed by the consultant you hired to plan and conduct the cleanup, and who is billing you for those services.

Bottom Section of Form:

Tell us who to make the check payable to. If you want the check made jointly payable to both you and your consultant, tell us here.

Tell us where to mail the check.

Initial only if you currently own the real estate.

Sign and provide us your phone number and email address.

Mail to: Petroleum Storage Tank Insurance Fund, PO Box 104116, Jefferson City, MO 65110-4116.