PREAPPROVAL/CLAIM AUTHORIZATION FORM

Department of Environment & Natural Resources - Division of Waste Management

Site Name _____ City / County _____ **Incident #** _____

Responsible Party _____ Incident Mgr _____ Region _____

RP Type *(Owner/Operator / Landowner / Attorney-in-fact)* _____ **TA Supplement / Change Order?** _____ **Prev. TA #** _____

Primary Consultant _____

Phone / Fax Number _____

Project Mgr / Email _____

Proposal# / Scope Dates _____

Has STF Eligibility Been Determined? YES / NO / Pending

(Reserved for Incident Manager)

Task Authorization Number: _____

Site Risk / Rank / Abatement: _____

Type (Comm / NonComm / Both) _____

***Site Status** (Active or NFA/Date)* _____

Note: This form should be used to receive preapproval from the UST Section. A proposal must be attached to elaborate on the costs for the tasks listed below that describes the scope of work and the rationale for the proposed activities. If you discover that unexpected tasks must be performed, incurring costs that exceed the amount preapproved in this authorization, you must complete and submit a separate preapproval request designated as a "**TA Supplement / Change Order"** in the provided space above. Include a copy of the prior preapproval form as well. Please attach this form to the cover of the corresponding claim when requesting reimbursement. **IMPORTANT:** Only one claim may be submitted during a quarter or 3-month period. **All preapprovals submitted within a claim are closed with that claim.** Final reimbursement of costs associated with the **Total Claimed** amount below may vary depending on the eligibility status of the site (i.e., deductibles, apportionment, etc.), and the documentary validation of incurred costs as reasonable and necessary expenses per 15A NCAC 2P .0402 and .0404.

- **Attach all Main Consultant/Contractor invoices.**
- **Attach proof of payment directly to the front of each invoice.**

PREAPPROVAL / TASK AUTHORIZATION

(See Instructions / RRD for Tasks requiring Preapproval / Task Authorization)

FINAL REIMBURSEMENT

(Must Complete with Claim Submittal)

Third Party?	Task #	Lab Code#	Proposed Units / Type *(Consultant)*	RO Auth	Proposed Rate/Price *(Consultant)*	CO Auth	Proposed Task Subtotal *(Consultant)*	Preapproved Subtotal *(UST Section)*	Dates of Work *(Consultant)* Started / Completed	Claimed Amount *(Consultant)*
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	Requested	*Preapproved*		*Claimed*
TOTALS:	$0.00			
Total Standard Costs (Non-Third Party)	$0.00		***Total Standard Costs***	
Total applied as Third Party Costs	$0.00		***Total Third Pty Costs***	

Main Consultant — Project Mgr Signature: _____ Date: _____

UST Section — RO Task Authorization: _____ Date: _____

CO Rate Authorization: _____ Date: _____

***Important: The date of reimbursement of costs approved herein is dependent on the balance of funds in the Trust Fund. There may be a delay in the reimbursement of claims for work done.**

** SSA = "See Supporting Attachment" for additional details on sub-task unit reductions in multi-phase tasks *(e.g. Tasks 2.084, 4.090, 7.420, etc.)*

*** ✓ +/- Reviewer Initials = Task, Unit count, or Rate approved in full as presented by Consultant.