



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Finance Division

LEGACY RELEASE PROGRAM INVOICE SUBMITTAL FORM

Authority: Section 21519A of Part 215, Underground Storage Tank Corrective Action Funding,
of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Please refer to the notes at the bottom of the instructions page before submitting an invoice.

CLAIMANT INFORMATION

Claim No.: _____ Facility ID Number: _____ Facility Name: _____

Claimant Name: _____ Federal Tax ID No. of Claimant: _____

Claimant Address: _____ City: _____ State: _____ ZIP Code: _____

Claimant Contact Person: _____ Phone No.: _____ Email: _____

CONSULTANT INFORMATION

Consultant Name: _____ Federal Tax ID No. of Consultant: _____

Consultant Contact Person: _____ Phone No.: _____ Email: _____

Work Invoice No.: _____ Final Invoice (Yes/No): Yes No

Dates of Service: _____

Description of Activities Completed During the Dates of Service:

Description of How Activities Completed are Consistent with Achieving Site Closure:

For each cost contained on a consultant or contractor's invoice, the appropriate code from the [MUSTA Schedule of Costs](#) must be provided adjacent to the charge on the invoice. For items not on the MUSTA Schedule of Costs, place "NL" adjacent to the charge on the invoice.

Table 1. Consultant Invoices

Consultant Invoice(s) (list claimant paid expenses or contractors as separate line items)	Description of Activity/Charges	Amount

Attach additional sheets if necessary.

Invoice Total: _____

CERTIFICATION

I certify that the information provided above is true and accurate and that I have and will not submit a claim or claims to an insurer or any other entity to cover expenses for which I will seek reimbursement from the Underground Storage Tank Cleanup Fund.

Consultant Signature Date

Claimant Signature Date

Please submit completed form, invoices, and the supporting backup documentation to:

Email: EGLE-MUSTA@Michigan.gov

Fax: 517-241-7428

Regular Mail:

EGLE-Underground Storage Tank Authority
P.O. Box 30473
Lansing, MI 48909

Overnight Mail:

EGLE-Underground Storage Tank Authority
Constitution Hall, 6S
525 West Allegan Street
Lansing, MI 48909

Administrative Use Only

Assigned to:

EQA:

INSTRUCTIONS FOR COMPLETING THE INVOICE SUBMITTAL FORM

1. MUSTA Claim Number: Provide claim number assigned by MUSTA. The claim number must start with the prefix "LRP-"
2. Facility ID: Provide the Facility ID number for the facility that the claim covers.
3. Facility Name: Provide the name of the facility covered by the claim.
4. Claimant Name: Provide the name of the owner or operator (the entity or business name).
5. Federal Tax ID No. of Claimant: The Tax ID number of the entity in #4.
6. Claimant Address: Address to which payment will be sent.
7. Claimant Contact Person: Person the owner or operator wishes to have contacted regarding the invoice.
8. Phone Number: Phone number of the claimant's contact person.
9. E-Mail: E-Mail address of the claimant's contact person.
10. Consultant & Consultant Contact Person: The name of the consulting firm and the contact person.
11. Federal Tax ID number of the consultant: The Tax ID number of the entity in #10.
12. Phone Number: Phone number of the consultant's contact person.
13. E-Mail: E-Mail address of the consultant's contact person.
14. Work Invoice Number: The work invoice number is not the consultant invoice number. Number each USTCF Invoice Submittal Form sequentially. E.g. the first invoice form submitted is 1.
15. Final Invoice: Final invoice that will be submitted. Typically following site closure of the covered release and abandonment of monitoring wells.
16. Dates of Services: The dates between which the services being billed were performed.
17. Description of Activities Completed During the Dates of Service: Provide a general description of the activities that were completed during the dates of service.
18. Description of How Activities Completed are Consistent with Achieving Site Closure: Provide a description of how the activities completed during the dates of service are consistent with achieving site closure per Part 213.
19. Consultant or Contractor: Name of consultant or contractor who provided the services. It is not necessary to list the contractor separately if the contractor costs are included on the consultant invoice.
20. Description of Activity/Charges: A general description of the activities and/or services provided by the respective consultant or contractors.
21. Amount: The total costs of the services provided by each consultant or contractor. It is not necessary to list the contractor cost separately if the contractor costs are included on the consultant invoice.
22. Invoice Total: The total charges being requested for all consultants and/or contractors.

23. Consultant Signature: Signature of the manager of the consulting firm submitting the invoice.

24. Claimant Signature: Signature of the claimant.

Notes:

- a. For each cost contained on a consultant or contractor's invoice, the appropriate code from the [MUSTA Schedule of Costs](#) must be provided adjacent to the charge on the invoice. For items not on the MUSTA Schedule of Costs, place "NL" adjacent to the charge on the invoice.
- b. Consultant and/or contractor invoices should include, at a minimum, date of service for each charge and name of personnel, rate, quantity, total, and description of service or item invoiced for each charge.
- c. For any items that exceed the maximums allowed by the MUSTA Schedule of Costs, you may provide an explanation as to the reason or extenuating circumstance(s). The circumstances will be considered by the Administrator but cost overages may still be denied.
- d. Appropriate backup documentation to substantiate charges must be provided including, but not limited to, contractor invoices, waste disposal manifests, landfill tickets, backfill tickets, expense receipts, chains-of-custody, and if requested, copies of field notes.
- e. If a report(s) was prepared during the dates of service and/or when a report is submitted to EGLE-Remediation and Redevelopment Division (RRD), provide an electronic document copy(ies) to MUSTA (e.g. email attachment).
- f. Payments will be issued as two-party checks payable to the claimant requiring the signature of both the consultant and the claimant.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.