

PTRCB Claim Checklist

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| Check (✓) | Checklist for Submitting a Complete PTRCB Form 3 Claim for Reimbursement) See " Form 3 Instructions " for details |
| <i>Page #1 of Claim form – Items #1 through #8</i> | |
| | Facility & Release information (Item #1) is correct. Only ONE Release per claim form. |
| | Owner information (Item #2) should be for the current owner of the Release. |
| | Payable to (i.e., payee) (Item #4) MUST be completed <ul style="list-style-type: none"> ➤ Designation (Form 5) (if needed) is on file with PTRCB or has been mailed or send with the claim. |
| | Claimant (person filing the claim) MUST be completed (Item #5). <ul style="list-style-type: none"> ➤ If the information is listed in another item, you may indicate that. Example language: "Same as Owner" or "same as Box X". |
| | Operator (Item #3), Consultant (Item #6), Any other person (Item #7) – complete as needed. |
| | Total amount of this claim (Item #8) should reflect the correct amount you are claiming from your attached invoices. <ul style="list-style-type: none"> ➤ If different than invoiced amount, make notes on the invoice of WHAT you are or not claiming. You may mark right on the copy you submit. |
| <i>Page #2 of Claim form – Items #9 through #11</i> | |
| | CAP ID #, CAP Date, CAP Modification (Form 8) (Item #9) or exception. <ul style="list-style-type: none"> ➤ CAP date is the DATE OF THE CAP, not the obligation date or DEQ approval date. ➤ A separate page #2 is required for each CAP in the claim. |
| | Task table (Item #9) Complete the table using PTRCB Obligation letter tasks <ul style="list-style-type: none"> ➤ verify the total on page 2(s) matches the total amount claimed Item #8 on page #1. |
| | Proof of Payment (Item #10) <ul style="list-style-type: none"> ➤ Include ALL sufficient POPs for contractors and/or subcontractors. ➤ Proof of payment is required for all subcontractor invoices for which you are charging a markup. |
| | Assent to Audit (Form 2) (Item # 11) <ul style="list-style-type: none"> ➤ Is one on file with PTRCB for contractors and subcontractors? ➤ Especially if the contractor you are using is new to you – call PTRCB 406-444-9710 and ask. Try to convince the contractor to submit one for ALL RELEASES (the first checkbox on the form), so that they don't have to do it again and again for other releases. |
| | Include ALL necessary backup. <ul style="list-style-type: none"> ➤ ALL (contractor and/or subcontractor's) lodging receipts ➤ See instructions for other necessary backup. |
| <i>Page #3 of Claim form – Item #12 and Item #13</i> | |
| | Sign, date and notarize |
| | Double check that your figures are correct and information provided is sufficient and complete! <ol style="list-style-type: none"> 1. If in doubt or have questions about the process, please see our Form 3 instructions http://deq.mt.gov/Portals/112/DEQAdmin/PET/Documents/Forms/Form_3Instructions.pdf 2. Or call 406-444-9710 or 9714 (Janet) |
| If a claim is submitted incomplete or deficient, reimbursement may be suspended!! | |