

**Montana Petroleum Tank Release Compensation Board  
Acknowledgment of Payment  
Form 6**

This form acknowledges that payment for invoice(s) as shown below has been received and deposited or cashed. **If this form is submitted (Emailed copies are acceptable) after the claim for reimbursement, the correct claim number must be entered in the space provided below.** For assistance contact Board staff at 406-444-9710.

**1. Facility Information**

<i>Facility Name:</i>	
<i>Street Address:</i>	
<i>City:</i>	
<i>Facility Number:</i>	
<i>Release Number:</i>	

**2. Claim Number(s) (if applicable):**

**3. Information regarding the invoice(s) for which payment has been received.**

<i>Invoice#</i>	<i>Invoice Date</i>	<i>Invoiced Amount</i>	<i>Amount Received</i>	<i>Name of Company/Individual that paid you</i>
<b>Total</b>				

**4. I acknowledge that my company has received payment as shown above.**

Signature	Date
Signature Name (Typed or Printed)	Title
Company Name	Daytime Phone
Contact E-mail Address	

Submit completed form to:  
**Petroleum Tank Release Compensation Board  
PO Box 200902  
Helena MT 59620-0902**