

State of Nevada Petroleum Fund Payment Verification Summary Sheet

To Complete, Please Fill in Required Information and Submit with Copies of Canceled Checks

Facility Name: _____

Petroleum Fund Case Number: _____ Petroleum Board Meeting Date(s): _____

Consulting Firm and or Claimant Submitting Proof of Payment: _____

Claim Number	Amount Reimbursed to Claimant by Board	Invoice Number(s) and Vendor Paid	Check Issue Date	Check Number	Amount Paid to or Received by Vendor

Please Return Completed Payment Verification to:
Attn: Ms. Kristi Callahan
 Bureau of Corrective Actions Petroleum Fund
 Nevada Division of Environmental Protection
 901 S. Stewart St., #4001
 Carson City, NV 89701

Contact Information:
 Phone: (775) 687-9368
 E-mail: k.callahan@ndep.nv.gov

Total Payment Verification Provided

Please Note: The Amount Below Must Be Equal to or Greater than the Amount Reimbursed by the Board to Review Claims for the Specified Claim(s).

\$ _____
 Total from "**Amount Paid**" Column

The Above Information Is True and Correct to the Best of My Knowledge

Signature of CEM or Claimant

 Date