NM CORRECTIVE ACTION FUND COST DETAIL FORM

SUMMARY SHEET

Site:	Site Address:		
	Check one only: ☐ Minimum Site Assessment ☐ Ph 1 Hydrogeo Investigation ☐ Ph 2 Free Product/Saturated Soil Re	ecovery	Ph 3 Reclamation Proposal Ph 4 Reclamation Implementation Ph 5 Operations and Maintenance
Deliverable ID # Brief description from work	plan approval:		NMED USE ONLY
SUMMARY SHEET		TOTAL	REIMBURSEMENT STAFF
PROFESSIONAL SERVICES TAXABLE EXPENSES			
TAXABLE SUBCONTRACTORS NM GRT RATE:	TAXABLE SUBTOTAL		
	TO	TAL	
NONTAXABLE EXPENSES NONTAXABLE SUBCONTRACTORS			
	NONTAXABLE SUBTOTAL		
	GRAND TOTAL OF CLAIM		