



The application for payment must be for  
the cost of the completed deliverable.



NEW MEXICO CORRECTIVE ACTION FUND  
State Lead Reimbursement

Please submit **THIS FORM, INVOICE(S), COPY OF THE WORKPLAN APPROVAL LETTER AND ACCEPTANCE LETTER** to:

New Mexico Environment Department  
Petroleum Storage Tank Bureau - Reimbursement Section  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, New Mexico, 87505

**PAYEE INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**WORKPLAN INFORMATION**

Workplan approval date: \_\_\_\_\_  
Workplan ID No. (WPID): \_\_\_\_\_  
Deliverable ID(s): \_\_\_\_\_ Estimated Date of Deliverables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT CHECKLIST**

- ☐ INVOICE(S)
- ☐ COPY OF WORKPLAN LETTER  
AND ANY AMENDMENTS
- ☐ COPY OF ACCEPTANCE LETTER

**FACILITY INFORMATION**

Release/Site Name: \_\_\_\_\_  
Release/Site Address: \_\_\_\_\_  
\_\_\_\_\_  
Phase: \_\_\_\_\_  
Release/Site No.: \_\_\_\_\_  
Facility No.: \_\_\_\_\_  
Contract Number \_\_\_\_\_  
Contract Expiration Date \_\_\_\_\_

**INVOICE INFORMATION**

Invoice No.: \_\_\_\_\_  
Invoice Amt: \_\_\_\_\_

**CONSULTANT CONTACT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_