## PREAPPROVAL/CLAIM AUTHORIZATION FORM

**Department of Environment & Natural Resources** 

Division of Waste Management

## **NON-DIRECTED TASKS**

Site Name	City / County	Incident #	
Responsible Party	Incident Mgr	Region	
RP Type (Owner/Operator / Landowner / Attorney-in-fact)	TA Supplement / Change Order?	Prev. TA #	
Primary Consultant	(Reserved for Incident Manager)		
Phone / Fax Number	Task Authorization Number:		
Project Mgr / Email	Site Risk / Rank / Abatement:		
Proposal# / Scope Dates	Type (Comm / NonComm / Both)		
Has STF Eligibility Been Determined? YES / NO / Pending	Site Status (Active or NFA/Date)		

Note: This form should be used to receive preapproval from the UST Section. A proposal must be attached to elaborate on the costs for the tasks listed below that describes the scope of work and the rationale for the proposed activities. If you discover that unexpected tasks must be performed, incurring costs that exceed the amount preapproved in this authorization, you must complete and submit a separate preapproval request designated as a "TA Supplement / Change Order" in the provided space above. Include a copy of the prior preapproval form as well. Please attach this form to the cover of the corresponding claim when requesting reimbursement. IMPORTANT: Only one claim may be submitted during a quarter or 3-month period. <u>All</u> preapprovals submitted within a claim are closed with that claim. Final reimbursement of costs associated with the Total Claimed amount below may vary depending on the eligibility status of the site (i.e., deductibles, apportionment, etc.), and the documentary validation of incurred costs as reasonable and necessary expenses per 15A NCAC 2P .0402 and .0404.

•	Attach	all Main	Consultan	t/Contract	tor invo	ices

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Attach proof of payment directly to the front of each invoice.

PREAPPROVAL / TASK AUTHORIZATION						FINAL REIMBURSEMENT				
			ee Instructions / RRD	for Tasks r	equiring Preapp	roval / Tasł	(Authorization)		(Must Complete with Cla	aim Submittal)
Third Party?	Task #	Lab Code#	Proposed Units / Type (Consultant)	RO Auth	Proposed Rate/Price (Consultant)	CO Auth	Proposed Task Subtotal (Consultant)	Preapproved Subtotal (UST Section)	Dates of Work (Consultant) Started / Completed	Claimed Amount (Consultant)
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			Total Sta	andard Co	osts (Non-Thir	rd Party)	\$0.00		Total Standard Costs	
			Tot	al applied	l as Third Par	ty Costs	\$0.00		Total Third Pty Costs	
Mai	n Consulta	ant	Proiect Mar S	Signature:					Date:	
	T Section		RO Task Auth							
•••			CO Rate Auth						Date:	
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Test		y complet			i will not be paid					5013.
			Signature					Date		
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			official seal, this							
Nota	ary Public					My Co	ommission expires			
*Imp	ortant: The	date of reim	bursement of costs appr	oved herein	is dependent on th	e balance of	funds in the Trust Fur	nd. There may be a de	lay in the reimbursement of claim	s for work done.
** SS	SA = "See Su	pporting Att	achment" for additional d	letails on sub	-task unit reduction	ns in multi-ph	nase tasks <i>(e.a. Tasks</i>	2 084 4 090 7 420 e	tc.)	

\*\*\* 🗸 +/- Reviewer Initials = Task, Unit count, or Rate approved in full as presented by Consultant.

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