EXCAVATION EXPENSES WORKSHEET

NORTH DAKOTA INSURANCE DEPARTMENT - SPECIAL FUNDS DIVISION

PETROLEUM TANK RELEASE COMPENSATION FUND (PTRCF)

SFN 17331 (4-2012)

INSTRUCTIONS: Please use this form when requesting bid proposals and when submitting your reimbursement request to the Petroleum Tank Release Compensation Fund, 600 E. Boulevard Ave., Bismarck, ND 58505-0320, 701-328-9600, 701-328-9610 (fax).

Date:	Claim Number:		
Tank Owner:		Telephone Number:	
Street Address:	City	State	ZIP Code
Excavation Company:		Telephone Number:	
Street Address:	City	State	ZIP Code
Date Work Completed:			
Tank Owner Location: (Site Address)			
Number and Size of UST(s) Pulled			

DESCRIPTION OF SERVICES	PROPOSAL	ACTUAL EXPENSES
CONTAMINATED SOIL AND TANK REMOVAL EXPENSES		
Land Farming or Disposal Charge $_____ Per CY X_____ Total CY =		
Back-hoe Charge $_____ Per CY X_____ Total CY =		
Loader Charge $_____ Per CY X_____ Total CY =		
Trucking Charge $_____ Per CY X_____ Total CY =		
Mobilization Charge		
Cement and Asphalt Removal/Disposal		
Cement Sawing		
FILL EXPENSES		
Pea rock/sand/clay/other (Specify) $_____ Per CY X_____ Total CY =		
Trucking Charge: $_____ Per CY X_____ Total CY =		
Other Expenses: (Please Itemize - Example: crane charge, tank removal, subcontractor(s) labor expenses, etc.)		
TOTAL	$	$

(Please Read Reverse Side)

The Actual Expenses Total must be manually calculated.

Please include all individual receipts and copies of canceled checks with this worksheet when requesting reimbursement from the Petroleum Tank Release Compensation Fund. If you are including 'other expenses' that were not part of the original proposal, please fully explain these expenses below. Thank you.

North Dakota Insurance Department
Petroleum Tank Release Compensation Fund
600 E. Boulevard Ave.
Bismarck, ND 58505-0320
701-328-9600
701-328-9610 (fax)