

Department of Agriculture, Trade and  
 Consumer Protection  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4522  
 Fax: (608) 224-4656  
 ARM-ACM-332 (Rev. 3/03)



## Reimbursement Summary

**Applicant:**

|                  |                 |   |
|------------------|-----------------|---|
| name             | ACCP Claim #    | 0 |
| street           | ACCP Case #     | 0 |
| city             | Project Manager | 0 |
| ph: ( ) fax: ( ) | Consultant      | 0 |
| 0                |                 |   |

**Discharge Site Address:**

street  
 city

Third Application (Payments made for this discharge site prior to this application = \$0; \$0 eligible costs)  
 Last application submitted DATE, with cut-off date of DATE

| Worksheet                          | Worksheet Amount | Ineligible Amount | Eligible Amount |
|------------------------------------|------------------|-------------------|-----------------|
| A. Soil Investigation Costs        | 0.00             | 0.00              | 0.00            |
| B. Soil Remediation Costs          | 0.00             | 0.00              | 0.00            |
| C. Analytical Costs                | 0.00             | 0.00              | 0.00            |
| D. Groundwater Investigation Costs | 0.00             | 0.00              | 0.00            |
| E. Groundwater Remediation Costs   | 0.00             | 0.00              | 0.00            |
| F. Miscellaneous Costs             | 0.00             | 0.00              | 0.00            |
| <b>APPLICATION TOTALS</b>          | <b>\$ -</b>      | <b>\$ -</b>       | <b>\$ -</b>     |

|                                          |             |
|------------------------------------------|-------------|
| Reimbursement Applied for                | 0.00        |
| Less Ineligible Costs                    | 0.00        |
| Equals Eligible Costs                    | 0.00        |
| Less Deductible                          | 0.00        |
| Less 20% Applicant Copayment             | 0.00        |
| X Prime Rate of 4.25% a.p.r.             | 0.00        |
| <b>TOTAL AMOUNT REIMBURSABLE 6/30/03</b> | <b>\$ -</b> |

| BUDGET CATEGORY               | PAYMENT     | Document #:         |
|-------------------------------|-------------|---------------------|
| 100-115-7110-G7-706 (GPR)     | -           | Due Date: 6/27/2003 |
| 257-115-7570-S7-770 (SEG)     | -           | Receipt Date:       |
| <b>TOTAL APPROVED PAYMENT</b> | <b>\$ -</b> | Approved by:        |

AUDITED PURSUANT TO CHAPTERS 16.53 AND 94.73 OF THE WISCONSIN STATUTES & THE AGENCY COOPERATIVE AGREEMENT

PREPARED BY

09/30/19

AUTHORIZATION SIGNATURE

DATE