

Colorado Department of Labor and Employment Division of Oil and Public Safety – Petroleum Storage Tank Fund 633 17th Street, Suite 500 Denver, CO 80202-3610 Phone: 303-318-8525 Fax: 303-318-8488

Email: cdle_fund@state.co.us Web: www.colorado.gov/ops

CPA Certification: Proof of Payment

(Revised 5/18/2015)

This form should be used when an applicant submits the certification of a certified public accountant (CPA) that expenses for which reimbursement is requested have been paid in full. See Section 8-2(b)(2)(i) of the Petroleum Storage Tank Regulations for more information.

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		App	licant Ir	nformation	1			1			
Applicant Name:											
Mailing Address:			City:			State:			ZIP:		
Site Name:											
Site Address:			City:			State:			ZIP:		
		Inv	oice Inf	ormation							
Contractor Name	Invoice #		Invoice Date Invo			ice Amount			Amount Paid		
	CP/	A Infor	mation	and Certifi	cation						
CPA Name:			<u> </u>								
License #:			State:				ion Date	•			
Mailing Address:			City:			State:			ZIP:		
I hereby certify that the application for reimbur				-	-		ınt relati	ve to	the r	reference	
Signature:						Date:					