LEAKING UST PROGRAM

Billing Forms for Leaking UST Corrective Action Costs

EQUIPMENT

For instructions to fill out this form, see reverse.

NOTE: Include cost of operator in the unit rates.	-			
Job Name:	From:			
Equipment Used	Time Used	*Unit Rate	Total Cost	
*Use Time and Materials Rate	Total Equ	Total Equipment Cost		

IL 532 1819 The Agency is authorized to require this information under

LPC 326 Rev. 415 ILCS 5/1. Disclosure of this information is required. Failure to do

so may result in the delay or denial of any budget or payment requested hereunder.

This form has been approved by the Forms Management Center.

EQUIPMENT Instructions

JOB NAME - The Contractor will write the name of the job that the billing is for, i.e., Dutch Boy, LaSalle, etc.

CONTRACTOR - The Contractor will write its legal company name on this line.

BILLING PERIOD - The Contractor will write the beginning and ending date for the period of time covered in the billing. This will encompass the total period of time covered by the applicable Weekly Work Sheets

EQUIPMENT USED - List all the equipment used for the entire billing period <u>as listed</u> on the weekly Equipment Work Sheets.

TIME USED - Add the number of weeks, days, or hours used for the entire billing period for each piece of equipment.

UNIT RATE - Enter the rate charged.

TOTAL COST - The total cost will be automatically calculated.

TOTAL EQUIPMENT COST - The total equipment cost will be automatically calculated.