UNDERGROUND STORAGE TANK PROGRAM

Budget/Billing Forms for UST Corrective Action Costs

PERSONNEL SUMMARY SHEET

For usage instructions, see reverse

Budget/Billing Period

Job Name:	from:			
Contractor:	to:	to:		
Employee	Work Classification	ST/OT	*Rate	Total
Total Personnel				

This Agency is authorized to request this information under the Illinois Environmental Protection Act, 415 ILCS 5/1 et seq. (formerly Ill. Rev. Stat. Ch 111-1/2, 1001 et seq.). Disclosure of this information is required. Failure to properly complete this form in its entirety may result in the delay or denial of any payment requested hereunder. This form has been approved by the Forms Management Center.

IL532-1818 LPC 325

^{*}Use Time and Materials Rate