

UNDERGROUND STORAGE TANK PROGRAM
Budget/Billing Forms for UST Corrective Action Costs
SUBCONTRACTORS

Job Name: _____

Contractor: _____

Budget/Billing Period

From: _____

To: _____

| Subcontractor's Name | Work Description | Subcontract Amount |
|----------------------|------------------|--------------------|
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**NOTE: Copies of invoices or billings must be attached.
Some subcontractor invoices and billings may require
further time and material itemization.*

Subtotal

**Handling Charge

Total Subcontract Cost

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|--|
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***Handling charges are eligible for payment only if they are equal to or less than the following amounts:*

| Subcontract or Field Purchase Cost | Eligible Handling Charges as a Percentage of Cost |
|---|--|
| \$1 - \$5,000 | 12% |
| \$5,001 - \$15,000 | \$600+10% of amt. over \$5,000 |
| \$15,001 - \$50,000 | \$1,600+8% of amt. over \$15,000 |
| \$50,001 - \$100,000 | \$4,400+5% of amt. over \$50,000 |
| \$100,001 - \$1,000,000 | \$6,900+2% of amt. over \$100,000 |

IL 532 1823 The Agency is authorized to require this information under 415 ILCS 5/1.
LPC 330 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.