

Readopt with amendment Odb 403, effective 11-22-2005 (Document #8491), to read as follows:

PART Odb 403 REIMBURSEMENT REQUEST DOCUMENTS

Odb 403.01 Invoice Summary for Paper and Upload Submittals.

(a) An owner or applicant submitting a paper or upload submittal reimbursement request shall include an invoice summary on a form provided by the department, or a facsimile, that lists each contractor invoice and includes the following information:

- (1) A page header including the department site number, project number, site/project name, and reimbursement request number;
- (2) For each invoice:
 - a. Contractor invoice number and date;
 - b. The department work scope and budget approval date, if applicable;
 - c. The department phase and class code;
 - d. Contractor name, and if applicable, subcontractor name;
 - e. Summary description of work for each phase and class;
 - f. Work scope budget amount;
 - g. Payment amount requested; and
 - h. Work scope budget balance, if any; and
- (3) The total work scope budget and budget balance, and total amount requested.

Odb 403.02 Reimbursement Authorization Form.

- (a) Reimbursement authorization forms shall be those provided by the board.
- (b) An owner submitting a reimbursement authorization form shall include the following information:
 - (1) Authorization information including the type of facility or project and whether reimbursement is sought for corrective action costs or third-party damages;
 - (2) Facility, property, and project information including:
 - a. Facility, property, and project name;
 - b. Address;
 - c. Location town;
 - d. The department facility identification number if applicable;
 - e. The department project number; and
 - f. For an initial authorization, the date of discharge discovery;

(3) Owner and insurance information including:

- a. Owner name;
- b. Mailing address;
- c. Daytime phone number;
- d. Whether the owner is a new owner since the last authorization;
- e. Number of facilities owned if more than one; and
- f. If an initial authorization for a discharge, whether other insurance coverage is available; and

(4) The owner’s or corporate officer’s signature and date certifying the following liability statement and affirmation: “I hereby certify that the facility referenced above is currently in compliance, or I am the owner of land where a compliant facility was located, or I am a duly authorized officer of the entity that owns the compliant facility or land where a compliant facility was located. I understand that a ‘deductible’ or deductible balance may be applied against any amounts reimbursed from the fund. If reimbursement is made to an ‘applicant’, I understand that the deductible or deductible balance amount may be billed and that said amount is due within 30 days of the billing date, unless the board approves periodic payments. I understand the funds under RSA 146-D, RSA 146-E and RSA 146-F only provide excess insurance coverage. I declare that the representations made in this reimbursement authorization are to the best of my knowledge true and correct, and agree to reimburse the fund for any payments made based upon incorrect information on this form, or incorrect reimbursement submittal information. If an officer of the owner, I affirm that I have been duly authorized by the corporation, LLC, LLP, or other corporate entity to bind the corporation, LLC, LLP, or other corporate entity, and to make the above declarations. I also affirm that the corporation, LLC, LLP, or other corporate entity has made all filings and paid all fees required by the New Hampshire Secretary of State.”

APPENDIX

RULE	STATUTE
Odb 403.01- 403.02	RSA 146-D:6, I – VI; RSA 146-D:6, IX; RSA 146-E:6, I – VIII; RSA 146-F:5, I – IX; RSA 146-G:1, II; RSA 146-G:4, I; RSA 146-G:6, I and II