REIMBURSEMENT REQUEST FOR
2023-2024 DWSRF
LEAD SERVICE LINE INVENTORY ASSISTANCE

PWS NAME:_____ PWSID#: _____

CONTACT:_____ TELEPHONE: _____

MAILING ADDRESS:_____ TOWN/CITY: _____

STATE:_____ZIPCODE:_____E-MAIL ADDRESS: _____

MAXIMUM GRANT AMOUNT *(NUMBER OF SERVICE CONNECTIONS)_____ x $50.00)* $_____ [A]

REQUESTED REIMBURSEMENT AMOUNT *(AMOUNT SPENT ON DIRECT SERVICES: $_____* [B]

REIMBURSED AMOUNT WILL BE LESSER OF AMOUNTS A AND B

I certify to the best of my knowledge and belief that the reimbursement requested is in accordance with the terms of the project and has not been previously requested and that all work is in accordance with the letter of agreement or contract document between the PWS and the firm providing contracted services.

PWS SIGNATURE:

_____

PWS PRINTED NAME & TITLE:

_____   Date:_____

The review and acceptance of this reimbursement request by DWSRF does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the letter of agreement or contract document.

DWSRF SIGNATURE:

_____   Date:_____

EMAIL REIMBURSEMENT REQUEST AND
SUPPORTING DOCMENTATION TO: greg.connors@maine.gov

Supporting documentation includes copies of paid invoices supporting the requested amount and a copy of the letter of agreement or contract between the PWS and the selected firm performing the services.

In order to process your payment request the following information is required

ACH Authorization Agreement for Payment Requisitions

ACCOUNT INFORMATION

Financial Institution:_____

Routing Number: __ __ __ __ __ __ __ __ __ (use all 9 digits)   Checking ☐

Account Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Account Name:_____

AUTHORIZATION AGREEMENT

I(we) hereby authorize the Maine Municipal Bond Bank to initiate entries into the bank account specified above and, if necessary, to electronically debit the account to correct erroneous entries. I certify the account allows these transactions. Furthermore, I certify that the above listed account number accurately reflects the intended receiving account. I agree that ACH transactions comply with all applicable laws. I Certify that I am an authorized signer for the account indicated above and that I have authority to authorize this/these transactions.

WaterSystem Name: _____

Employee Printed Name: _____

Employee Signature: _____

Date: _____

Note: Digital or Electronic Signatures are not acceptable

Return completed form with Payment Requisition