DES Site No./Project No. :	
Site/Project Name:	
Request Number:	

REQUEST FOR REIMBURSEMENT - SUMMARY OF INVOICED COSTS (1)

Oil Fund Disbursement Board

INV. (2) DATE	INVOICE (2) NO.	WSA#/ DATE	PHASE CODE	CLASS CODE	CONTRACTOR (AS APPLICABLE)	SUB-CONTRACTOR (AS APPLICABLE)	DESCRIPTION OF WORK	TASK BUDGET (If Applicable)	AMOUNT REQUESTED	BUDGET BALANCE (If Applicable)
								Totals:		

(1) Use this form or a facsimile to tabulate invoices and requested costs, and to indicate budget status, if applicable. This form is for Upload and Paper Submittals only.

(2) Only list invoice dates and invoice numbers for prime contractors. List subcontractor invoices and services under the applicable prime contractor invoice.