

Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program

EXPENSE FORM

(For Office Use Only) RHO#		Applicant's Name Mailing Address City/State/Zip					
MIOII		Phone Number					
		Email Address					
INVOICE INFORMATION							
Vendor Name	Date Work Completed	Invoice Date	Invoice #	Total Amount of Invoice	** Copy of Cancelled Check or Proof of Payment Attached? **		
					YES	NO	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
Applicant to complete all highlighted areas on page 1 and 2 and sign the Certification section on page 2. Attach all invoices and proof of		Subtotal of Invoices Deductible (if not already met) -\$500.00 (ONE TIME ONLY) Total Reimbursement Request			** Proof of payment MUST be received before reimbursement can be issued. **		
payment. Revised: September 30, 2022						Page 1 of 2	

For questions about this form, for further information on the Residential Heating Oil Tank System Site Rehabilitation Reimbursement Program (the Program), or to check the status of an application, please contact the Land and Material Administration's Operational and Administrative Services Program at (410) 537-3676, or (800) 633-6101 x3676, or please email caprice.mclaughlin1@maryland.gov or diama.williams1@maryland.gov. You may also review the "What You Need to Know" fact sheet relating to the Program that is available on the MDE Oil Control Program website at: https://mde.maryland.gov/programs/land/OilControl/Pages/ResidentialHeatingOil.aspx.

§ 4-501 General Provisions Article, Annotated Code of Maryland – Personal Records

Personal information requested on this form is intended to be used in processing the document. Failure to provide the information requested may result in the form not being processed or accepted as being complete. You have the right to inspect, amend, or correct the information on the form. MDE is a public agency and subject to the Maryland Public Information Act. This form may be made available on the internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

NOTE TO APPLICANTS: There continues to be a significant wait time of up to several years for applicants to receive reimbursements through the Program. Revenue to the Program is generated by a fee assessed on each barrel of oil when it is first transferred within Maryland. COMAR 26.10.14.07A(2) states that, "Subject to the availability of revenues within the Fund, the Department shall approve reimbursement allocations for approved applications in order of their numerical ranking." MDE processes each approved application as funds become available. Please note that the funding received each quarter may not be sufficient to reimburse applications submitted and approved within any quarter, and there is currently a list of applications awaiting reimbursement.

WILL MORE INVOICES BE SUBMITTED AGAINST THIS SIT	E? (PLEASE CHECK WHICH APPLIES)
YES (Money allocated for this site will remain available.)	
NO (Money for this site will be re-allocated and reimburse	ment will be closed.)
CERTIFICATION	
necessary to complete site rehabilitation, and not excluded from reim Need to Know" fact sheet relating to the Program). I certify that I am	a costs submitted for reimbursement are: true and eligible for reimbursement bursement under the Program (see COMAR 26.10.14.05B and/or "What Yo familiar with the information contained in this form, and that to the best of mathematical All expenditures may be audited by MDE as required by COMAR 26.10.14.10.
Signature of Applicant:	Date:
Print Name of Applicant:	
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