ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
State Assurance Fund
REIMBURSEMENT APPLICATION
RA-3: Cost Work Sheet

EACH COST ITEM SUBMITTED BELOW MUST INCLUDE COMPLETE INFORMATION FOR All REQUIRED COLUMNS.

(A) LUST Number: _____ **(B) Applicant Name:** _____

1	2	3	4	5	6	7	8	9	10	11	12
REF No.	**Provider Name**	**Invoice No.**	**Phase Code**	**Cost Schedule Item Code**	**Item Description**	**No. of Units Requested**	**Unit Rate Requested**	**Subcontracted Cost Amount**	**Total Mark-Up On Subcontracted Cost**	**TOTAL AMOUNT CLAIMED**	**Optional Footnote See Instructions**

Footnotes: _____