REQUEST FOR REVIEW

SC DEPARTMENT *of* ENVIRONMENTAL SERVICES

South Carolina Department of Environmental Services (SCDES)

UNDERGROUND STORAGE TANK PROGRAM
STATE UNDERGROUND PETROLEUM ENVIRONMENTAL RESPONSE BANK (SUPERB) ACCOUNT

REQUEST FOR REVIEW

PERMIT ID # _____ COUNTY _____

FACILITY NAME _____

STREET ADDRESS _____

Invoice Payment Method: (Check one)

_____1. Compensation to Contractor _____ 2. Compensation to Responsible Party

INVOICE # RP- _____(Please use the original Invoice Number)

Cost Agreement #
For work performed during (specific time period)_____to _____

All Request for Review forms AND All necessary documentation must be received within 35 days of the date of the SCDES correspondence that denies the invoice. (This allows five (5) days for

Please use this form when requesting reconsideration of payment from the SUPERB Account for item(s) where compensation was not received. The requestor should provide the following to facilitate the SCDES review:

1. **A copy of SCDES denial letter**
   (circle the items being submitted for reconsideration).
2. **A copy of the original summary pages.**
3. **Written justification for payment of denied items(s).**
4. **All documentation requested in SCDES denial letter.**

NOTE: Prepare a separate REQUEST FOR REVIEW form for each invoice number.

_____
Signature of Payee (Please use non-black ink) Print Name of Payee

_____
Name of Company Address

Request for Review
Invoice Total: $ _____

Page 1 of _____ Pages

SCDES USE ONLY

Amount Payable $_____

Instructions

Permit #	This number is assigned by the Division for Identification
County	This is the county the facility is in.
Facility Name	This the name of the facility.
Street Address	This is the address of the facility
Invoice Payment Method	This is decided by the Responsible party as to whom payment is to be made.
Invoice # RP	The original invoice # is added to this line.
Cost Proposal #	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Signature of Payee	This is the signature of the person to whom payment is being made.
Name of Company	This is the name of the company that the above signature represents along with their Federal Tax ID or Social Security Number.
Request for Review Invoice Total: asking for.	This is the amount of monies denied on original invoice that the requestor is
SCDES USE ONLY	This block is used by the financial accountant when verifying the amount that has been approved for payment.

TO: Responsible Parties and Contractors

FROM: Underground Storage Tank Program
Financial Section
S.C. Department of Environmental Services

Subject : Request for Review of Denied Item Invoices

Per Section II-B 6 (a) of R 61-98, SUPERB Site Rehabilitation and Fund Access Regulation,

"a UST owner or operator or a site rehabilitation contractor may seek a review of a staff decision by the UST Program Director regarding an invoice for which the Department denies payment. Requests for Review shall be submitted to the Department within thirty (30) days of the date of receipt of Department correspondence that denies the invoice. Requests for reviews shall be in accordance with a Department established format."

For any invoices that have been fully or partially denied, the following is needed at the time of your request:

the SCDES **REQUEST FOR REVIEW** filled out completely (a copy is on the reverse side of this letter),

a copy of the SCDES letter containing the denied item(s) (circling the items being resubmitted for review).

a copy of the original summary pages

written justification requested in the SCDES denial letter necessary to review the denied item(s)

Prepare a **separate REQUEST FOR REVIEW** form for **each** invoice number.

NOTE: All Request for Review forms AND all necessary documentation must be received within thirty five (35) days of the date of the SCDES correspondence that denies the invoice. This allows (5) days for postal time.