



CLAIM FOR PAYMENT OF CLEAN VESSEL ACT OPERATION AND MAINTENANCE

State Form 55334 (R2 / 5-16)

Indiana Department of Environmental Management

- INSTRUCTIONS:**
1. Print or type all requested information. Sign and date the certification.
 2. Provide all receipts and forms required as backup documentation related to the CVA Operation and Maintenance Program.
 3. Mail the form to Indiana Department of Environmental Management, Office of Program Support, CVA Operation and Maintenance Program, 100 North Senate Avenue, IGCN1316, Indianapolis, IN 46204-2222.
 4. If you have not already done so, you must submit a Vendor Information Form (State Form 53788) to receive payments from IDEM.
 5. For more information or for help completing your claim, contact IDEM's Office of Program Support at (800) 988-7901.

COMPANY INFORMATION AS STATED ON VENDOR FORM (Remittance to Address)

Company name		
Address (number and street)		
City	State	ZIP code
Contact person	Telephone	

MARINA ADDRESS (Physical Site Location)

Company name		
Address (number and street)		
City	State	ZIP code

REIMBURSEMENT REQUEST (Submitted by January 31st)

Category	Company	Description	Costs Claimed
Sewage Waste Disposal:			
Maintenance Supplies:			
Maintenance Labor:			
Operation Supplies:			
Personnel Costs:			
Hepatitis Shot:			
Total Costs			

Certification by company official (claim cannot be paid without valid signature)

I certify, in accordance with IC 13-30-6-2 that to the best of my knowledge the information in this claim is true and accurate.

Signature	Print name
Title	Date (mm/dd/yyyy)

IDEM USE ONLY

Grant Eligible Cost:	Approved Reimbursement: _____
Processed by: _____	Requisition number: _____
Date Processed (mm/dd/yyyy): _____	Purchase order number: _____
Approved by: _____	Invoice number: _____

*OPS has supporting invoices and documents on file.