



CLAIM FOR PAYMENT OF CLEAN VESSEL ACT OPERATION AND MAINTENANCE

State Form 55334 (R3 / 11-20)
Indiana Department of Environmental Management

1. Print or type all requested information. Sign and date the certification.
2. Provide all receipts and forms required as backup documentation.
3. Mail or e-mail the form and documentation to the above address.
4. The State pays claims through direct deposit. If your facility is not already in the system, the following forms may also be necessary: a) Automated Direct Deposit Authorization Agreement (Form 47551) b) Request for Taxpayer Identification Number and Certification (W-9) These forms are available at: <https://www.in.gov/idem/partnerships/2491.htm>.
5. Instructions and additional information, including grant requirements, are available at www.in.gov/idem/partnerships/2500.htm. Attach additional sheets as needed.

Office of Program Support
100 North Senate Avenue, IGCN 1316
Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
E-mail: BoatingGrants@idem.in.gov



**KEEP OUR
WATER CLEAN-
USE PUMPOUTS**

For Office Use Only

Date Received (month, day, year)

I. Applicant Information

Marina / Entity (Legal Business Name)		
Mailing Address (number and street)		Site Address (number and street)
City		Site City
Operator Name	Telephone Number	E-mail

II. Reimbursement Request

Eligible Costs	Company Paid	Description	Amount Paid
Sewage Removal			
Maintenance Supplies			
Maintenance Labor			
Operational Supplies			
Personnel Costs			
Hepatitis Shots			
Total Amount Paid			
Total Match from Non-Federal Funds			
Percent Matching Funds <i>Must be 25% or greater.</i>			
Total Reimbursement Requested (Up to 75% of Total Amount Paid and not to exceed \$3,000)			

III. Certification by Marina Official (Claim cannot be paid without valid signature.)

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this voucher are true, accurate, and complete.

Owner Signature	Printed Name	Date (month, day, year)
-----------------	--------------	-------------------------

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.