

## **GEOTRACKER ONLINE (GTO) SUPPLEMENTAL INFORMATION FORM (SIF) FOR HARD-COPY REIMBURSEMENT REQUESTS**

Claimants are encouraged to submit Reimbursement Requests (RRs) electronically. All RRs submitted to the Underground Storage Tank Cleanup Fund (UST Cleanup Fund) begin the review process by upload to GeoTracker. Electronic data management ensures all the information required by law is included in the RR and the data are accurate.

RRs submitted in hard copy must have data entered electronically by Fund staff. In order for RR information to be entered electronically by Fund staff, claimants provide information on the Supplemental Information Form (SIF).

### **IMPORTANT NOTES:**

- The UST Cleanup Fund will not accept an incomplete SIF.
- A separate SIF is required for each consulting firm whose costs are submitted in a single RR; therefore, it may be possible that multiple SIFs need to be submitted for a single RR. A SIF is required with each RR.
- The claimant must sign each SIF, it can also be uploaded as a CUF Document to GeoTracker, but, you must mail the original wet signature to the UST Cleanup Fund. The wet signature SIF must be received by the UST Cleanup Fund prior to the release of any payment.

For specific information on how to upload a CUF Document, refer to the CUF Document User Guide at:

[http://www.waterboards.ca.gov/water\\_issues/programs/ustcf/docs/fund\\_gto/electronic\\_invoicing\\_user\\_guide.pdf](http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/electronic_invoicing_user_guide.pdf).

### **SECTION-BY-SECTION INSTRUCTIONS**

- **Claimant Information** - The information requested in this section must match the UST Cleanup Fund's records **exactly**, as indicated on the RR Form and in GeoTracker.
- **Consultant Information** – Identify the consultant and provide the consultant's contact information. (**NOTE:** Do not combine more than one consultant on a single form. If multiple consultants are working on the site, you must complete a separate form for each firm and submitted the forms through GeoTracker as separate CUF Document uploads.)
- **Employee/Equipment Information** – Identify individual employees and equipment, the employee title or equipment type, and the category identification (unique identifier). (**NOTE:** All information provided in this section must remain consistent for each consulting firm. Costs submitted for employees and equipment from the consulting firm for any claim and every RR submission must remain the same.
- **Certification and Signatures** – Read the certification in its entirety, and sign on the line to certify that the information contained in this form is complete and accurate. Each form **MUST** be signed by the claimant and the joint claimant (if applicable) **and** the authorized RP agent/contractor.

# CATEGORY IDENTIFICATION FORM

|  |         |            |
|--|---------|------------|
| <b>Section 1: Claimant Information</b> |         |            |
| Claim No.:                             | RR No.: | Global ID: |
| Claimant Name:                         |         |            |

|  |                   |
|--|-------------------|
| <b>Section 2: Consultant Information</b> |                   |
| Consultant Company Name:                 |                   |
| Tax ID / CA Incorporation ID:            |                   |
| Consultant Address:                      |                   |
| Consultant E-mail:                       | Consultant Phone: |

| <b>Section 3: Employee and/or Equipment Information</b> |   |  |
|---|---|--|
| <b>Employee/Equipment Name</b>                          | <b>Employee Title/<br/>Equipment Type</b> | <b>Category ID<br/>(Unique Identifier)</b> |
| 1.  |   |  |
| 2.  |   |  |
| 3.  |   |  |
| 4.  |   |  |
| 5.  |   |  |
| 6.  |   |  |
| 7.  |   |  |
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| 9.  |   |  |
| 10.   |   |  |
| 11.   |   |  |
| 12.   |   |  |
| 13.   |   |  |
| 14.   |   |  |

State Water Resources Control Board  
Underground Storage Tank Cleanup Fund

## CATEGORY IDENTIFICATION FORM

### Claimant Information

Claim No.: \_\_\_\_\_ RR No. \_\_\_\_\_ Global ID: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

### CERTIFICATION AND SIGNATURES

**NOTE:** All individuals signing this Certification on behalf of the Claimant or, if applicable, Joint Claimant, represent and warrant that they are authorized to so on behalf of the respective party pursuant to a valid Power of Attorney or as the entity's authorized signatory.

#### CLAIMANT CERTIFICATION

I certify (or declare) under penalty of perjury that all facts and statements set forth as part of this form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
CLAIMANT SIGNATURE DATE

\_\_\_\_\_  
CLAIMANT NAME (PRINT)

\_\_\_\_\_  
JOINT CLAIMANT SIGNATURE DATE

\_\_\_\_\_  
JOINT CLAIMANT NAME (PRINT)

#### AUTHORIZED RP AGENT / CONTRACTOR CERTIFICATION

As the undersigned Authorized Representative/Contractor, I hereby certify that all facts and statements set forth as part of this form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
AUTHORIZED RP AGENT / CONTRACTOR SIGNATURE DATE

\_\_\_\_\_  
AUTHORIZED RP AGENT / CONTRACTOR SIGNATURE (PRINT)