The Rhode Island U.S.T. Review Board

RESUBMITTAL FORM

Please complete the following form for all invoices being resubmitted. Type and be sure to complete all the information. All supporting documentation must be attached. Copy as needed.

Vendor Information

Vendor Name	
Contact Person	
Mailing Address	**Street:** **City:** **State:** **Zip:** **Phone# ( )** **Fax# ( )**

Site Information

Site Name	**Street:** **City:** **State:** **Zip:** **Latitude:** **Longitude:** **Phone# ( )** **Fax# ( )**

Invoice Information

Invoice #	Invoice Date	$ Amount Previously Submitted	$ Ineligible Amount	$ Ineligible Amount Due to No Back Up	$ Amount Requested

(form 12)
11/30/99