



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 8911  
 Madison WI 53708-8911  
 Phone: (608) 224-4522



<b>OFFICE USE ONLY</b>
Application Number: _____

**ACCP Total Reimbursement Costs Form** (Section 94.73, Wis. Stats.)

Prior to completing this form please code each invoice that will be submitted for reimbursement.

When submitting invoices, attach proof of payment and all subcontractor invoices to the appropriate general contractor invoice. After all invoices have been coded, total the like categories from every invoice and enter that total in the appropriate section below.

COST CATEGORIES	COSTS
Category A – Soil Investigation	
Category B – Soil Remediation	
Category C – Analytical Costs	
Category D – Groundwater Investigation	
Category E – Groundwater Remediation	
Category F – Miscellaneous Costs	
<b>TOTAL APPLICATION COSTS</b>	<b>\$</b>

The date of the last check issued to pay an invoice(s) included in this application is \_\_\_\_\_.  
Month/Day/Year

**This date is the cut-off date for this application, per sec. 35.06(1)(a)5., Wis. Admin. Code.**

This application includes all of the costs eligible for reimbursement that were **paid** through the cut-off date identified above and it does not request reimbursement of any costs **paid** after the cut-off date. I understand that I cannot submit on a future application any costs for reimbursement that were paid on or prior to the cut-off date indicated above.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date