

Note: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin
Department of Natural Resources
PO Box 7921, Madison, WI 53707-7921
dnr.wi.gov

Brownfield Assessment Grant Invoice for Professional Services

Form 4400-270 (R 11/22)

Notice: Use of this form is required by the Wisconsin Department of Natural Resources (DNR) for any contractor requesting payment for professional services performed for DNR's Brownfield Assessment Grant. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Submit this completed form and invoices to the DNR's grant project coordinator. Invoices must be complete to be processed.

Contractor Name	Request Type: <input type="radio"/> Partial - # _____ <input type="radio"/> Final
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Project Name

Project Location	County	Region
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Services Rendered

Payment Request

Phase I Environmental Site Assessment	\$ _____
Phase II Environmental Site Assessment	_____
Site Investigation	_____
Remedial Planning	_____
Vapor Assessment	_____
Quality Assurance Project Plan Update	_____
Total Request	\$ _____

DNR Use Only	
Purchase Order Number	
Vendor Number	

Certification

I certify that to the best of my knowledge and belief the billed costs are based on actual work completed, payments of record, have not been previously requested, and are in accordance with the financial agreement and the eligible cost and reimbursement provision within the agreement.

Signature of Contractor Project Manager	Printed Name	Date Signed
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Approvals (DNR Use Only)

Signature of Project Manager	Date
Signature of Project Coordinator	Date