



Colorado Department of Labor and Employment
 Division of Oil and Public Safety - Petroleum Storage Tank Fund
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8525
 Fax: 303-318-8488
 Email: cdle_fund@state.co.us
 Web: www.colorado.gov/ops

Affidavit: Proof of Payment

(Revised 1/5/2016)

This form should be used when an applicant submits an affidavit as proof of payment for costs claimed for reimbursement. This form is not required if copies of canceled checks or other bank confirmations of payment are provided.

Please note the following requirements.

- This form must be reproduced on the company letterhead of the payee (**not** the applicant's letterhead).
 - Affidavits that are not on the payee's letterhead will not be accepted.
- This form must be signed by the payee, **not** the applicant.
- Use a separate affidavit for each contractor.
- Do not use this form if there is any affiliation or relationship between the applicant and the payee.

More information is available in Section 8-2 (b) (2) of the [Petroleum Storage Tank Regulations](#).

Applicant Information

Applicant Name:					
Site Name:					
Site Address:					
City:		State:		ZIP:	

Payee Information and Certification

Check the following, as appropriate.

- I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund have been paid in full by the applicant.
- I, being first duly sworn upon oath and being of lawful age, state that the following invoices relative to the referenced application for reimbursement from the Colorado Petroleum Storage Tank Fund will be paid in full by the applicant upon receipt of the reimbursement in accordance with a promissory agreement.
 - Provide a signed and notarized copy of the agreement.

Invoice #	Invoice Date	Amount Paid	Invoice #	Invoice Date	Amount Paid

- I further state that there is no relationship or affiliation between myself and the applicant.
- I hereby certify that the foregoing information is correct to the best of my knowledge, information and belief. I understand there are severe civil and/or criminal penalties for any false statement or misrepresentation of a material fact, knowing it to be false, or failing to disclose a material fact with the intent to defraud.

Signature:		Date:	
Printed Name:		Title:	
Company (Payee) Name:			
Company (Payee) Mailing Address:			
City:		State:	
		ZIP:	

Notary Public Certification

Subscribed and sworn to before me in the county of _____, State of _____, this _____ day of _____, _____.

Notary Public Printed Name: _____
 Signature: _____
 My Commission Expires: _____