

**Wisconsin Assessment Monies
 Contractor Services Awards
 Invoice for Professional Services**

Form 4400-270 (R 8/13)

Notice: Use of this form is required by the Department for any WAM Contractor Services payment request. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Instructions: Submit one (1) copy of this completed form and invoices for all costs that are a part of this claim to the address below. Invoices must be complete in order to be processed.

**WAM Contractor Services - RR/5
 PO Box 7921
 Madison, WI 53707-7921**

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		_____
Limited Site Investigation		_____
Remedial Planning		_____
Quality Assurance Project Plan Update		_____
Total Request	\$	_____

Department 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 (Department Use Only)

Signature of Project Manager (Regional)	Date
Signature of Project Coordinator (Central Office)	Date