

**Solid waste/ illegal dump site/ storm debris  
Reimbursement Costs Request**

*RCR 7/23*

Date:

County:

District:

Name of Employee:

Rate:

Hours:

Total:

Physical Location/Address of Dump Site:

Describe Clean Up/Work Performed:

Equipment:	Rate:	Hours:	Total:
Equipment:	Rate:	Hours:	Total:
Equipment:	Rate:	Hours:	Total:
Equipment:	Rate:	Hours:	Total:
Equipment:	Rate:	Hours:	Total:
Equipment:	Rate:	Hours:	Total:

Total of Equipment:

**Total of Labor+ Equipment:**

***Must upload one before and one after photo of the dump site.***

Before Photo:

After Photo: