



## HOIP Invoice Authorization Form

Claim Number: \_\_\_\_\_

**Please Note:** The [Online Community](#) is the most efficient and transparent way to access your claim. You can manage and complete all forms directly online. If you need help, please call us at 1-800-822-3905

### I. Claim Information

Insured Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Tank Address: \_\_\_\_\_  
*Street City Zip Code*

### II. Description of Work Completed and Remaining

Describe work completed that corresponds to this Invoice Authorization Form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Payment

Payments are made thirty (30) days after PLIA receives this form and all necessary supporting documentation. Payment amounts may not exceed pre-approved project costs as detailed on the work plans and change orders associated with this claim. An itemized invoice or detailed list of all costs incurred must be submitted via the Online Community before payments are made. All necessary attachments (photos, receipts, etc.) must be submitted via the Online Community.

*NOTE: Payment may be delayed or denied if supporting documentation (e.g., receipts, photos, plan for closure, etc.) is not submitted via the Online Community or if work completed does not correspond with an approved Work Plan. Any documentation submitted via the Online Community must be made available to the insured upon their request.*

Interim Project Payment Requested: \$ \_\_\_\_\_

Invoice Number (Online Community): \_\_\_\_\_

Owner acknowledges, accepts, and authorizes payment for work completed on this project to date.

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_