**Agency Request for Reimbursement**

**Commonwealth of Virginia - Alternative Fuels Program**

**CMAQ**

**1. Contact Information**

**Agency or Jurisdiction Name:**

**Submitted by:**

**Phone:**

**Email:**

**Mailing Address for Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Fleet Manager’s Name, Number, and Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date:**

**2. Vehicle Information**

**Total Number of Vehicles Converted:**

**Area In Which Vehicles Are Garaged:**

**Conversion or Vehicle VIN # Vehicle Type/Year Incremental**

**Purchase Date Cost**

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**Total Amount Requested for Reimbursement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Supporting Documentation**

\_\_\_\_\_\_\_\_\_\_ **Attached, vehicle titles, copies of invoices, paid vehicle receipts, W-9, and other documents:**

* **For Alternative Vehicle Purchases: Provide specifications of both the comparable traditional vehicle AND the alternative fuel vehicle match, for purposes of comparison.**
* **For Alternative Vehicle Conversions: Provide invoices and background documentation to show record of vehicle conversion to alternative fuel.**
* **For local government fleets, please include a Form W-9, Request for Taxpayer Identification Number (TIN) and Certification, for your locality.**

**Note**:  **Only vehicles that are Buy America-approved by program administrators at DMME are applicable for this reimbursement.**

**By your signature, below, you agree to report on the cost of the fuel and the volume of fuel used for the first year of operation or one complete year of operation.**

**Signed:**

**Submit Reimbursement Requests to:**

Robin Jones, VA Department of Mines, Minerals and Energy (DMME), [robin.jones@dmme.virginia.gov](mailto:robin.jones@dmme.virginia.gov), 804-692-3224

**Approved by DMME**:

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_