

**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: _____

Fleet Manager's Name, Number, and Email: _____

Date: _____

2. Vehicle Information

Total Number of Vehicles Converted: _____

Area in Which Vehicles Are Garaged: _____

<u>Conversion or Purchase Date</u>	<u>Vehicle VIN #</u>	<u>Vehicle Type/Year</u>	<u>Incremental Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount Requested for Reimbursement: _____

3. Supporting Documentation

_____ Attached: vehicle titles, copies of invoices, paid vehicle receipts, current year 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.
- **Buy America Virginia Certificate of Compliance for Steel & Iron Items** and supporting documentation. Only vehicles that are Buy America-approved by program administrators at DMME are applicable for this reimbursement.

By signature, below, I am submitting this request 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: _____

Name: _____

Date: _____

Submit Reimbursement Requests to:

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

Approved by DMME:

Name _____

Date _____