

**Application / Request for Reimbursement
Commonwealth of Virginia - Alternative Fuels Transition 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/Purchased: _____

County/City 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 are the following:

1. Copy of the Vehicle Title.
2. If requesting reimbursement for a vehicle purchase, provide documentation of the purchase price AND information demonstrating the market price of a comparable traditional vehicle (sales quote/MSRP).
3. If requesting reimbursement for a vehicle conversion to alternative fuels, provide copies of paid invoices and other documentation from the conversion vendor.
4. Form COVA W-9, Request for Taxpayer Identification Number (TIN) and Certification, for your locality.
5. Alternative Fuels Transition Checklist for Local Governments.

By signature, below, I agree to report on the cost of the fuel and the volume of fuel used for the first year of operation of each vehicle (or one complete year of operation).

Signed: _____

Name: _____

Date: _____

Submit Reimbursement Requests to:

Vince Maiden, Virginia Energy, vince.maiden@energy.virginia.gov, 804-692-3224

Approved by Virginia Energy:

Name _____

Date _____