**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Date:**

**2. Vehicle Information**

**Total Number of Vehicles Converted/Purchased:**

**County/City 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 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.**
3. **If requesting reimbursement for a vehicle conversion to alternative fuels, provide copies of paid invoices and other documentation from the conversion vendor.**

**By signature, below, I agree to that all the above information is accurate.**

**Signed:**

**Name:**

**Date:**

**Submit Reimbursement Requests to:**

Edward Cronin, Virginia Energy, [edward.cronin@energy.virginia.gov](mailto:edward.cronin@energy.virginia.gov), 804-486-2755

**Approved by Virginia Energy**:

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