

Notice: Incomplete forms may not be considered. Personally identifiable information collected will be used for grant administration and may be provided to requesters as required by Wisconsin's Open Record law (ss. 19.31-19.39, Wis Stats.).

Grant Recipient Fleet Name:	Recipient Address:
Approved Award Amount: \$	

Enter information for the piece(s) of equipment for which you are applying for reimbursement. *Make additional copies of this sheet if needed for additional equipment.* **Disbursement requests must be made within 120 days of the award date and include: an invoice for each piece of equipment showing that the technology was paid for and installed; proof of proper engine disposal for repowers; and proof of NOx calibration for applicable pre-1999 vehicles.**

Any purchases made before the award date are ineligible and will not be reimbursed, as indicated on the grant application guidelines and contract.

VIN	Technology Installed	Eligible Reimbursement Percent	Total Cost	Amount of Reimbursement Request	Installation Date

TOTAL
\$
Not to exceed approved award amount of [award amount]

You will not be reimbursed for any amount over the approved award amount shown at the top of this form, which was indicated in your original award notification.

I hereby certify that the expenses reported on this form is in accordance with the contract and that complete and accurate records are being kept to substantiate such expenses.	
_____ Authorized Company Signature	_____ Print Name
_____ Title	_____ Date

Retain a copy of this complete form for your records and mail the original to:

Wisconsin Department of Natural Resources
 Attn: Muhammed Islam - AM/7
 PO Box 7921
 Madison, WI 53707-7921