

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 form if needed for additional equipment.* **Reimbursement requests must be submitted by February 15, 2010 and include: 1.) an invoice for each piece of equipment showing that the technology was paid for and installed (e.g. receipts from vendor showing paid in full and date, copy of cancelled checks, etc.); 2.) proof of proper disposal for repowers and replacements; 3.) documentation of any refund or income generation for repowers and replacements (must be subtracted from cost below); and 4.) proof of NOx calibration for applicable pre-1999 vehicles.**

Any purchases made before the award acceptance date are ineligible and will not be reimbursed.

VIN	Technology Installed	Eligible Reimbursement Percent	Cost	Income Generated or Refund ¹	Amount of Reimbursement Request	Install Date

¹ Any income generated from the sale or salvage of parts from replaced equipment (after permanently disabling the engine and chassis or returning to manufacturer) or refund of core charges from engine repowers must be reported here. Subtract Income Generated or Refund from Cost. Then apply the Eligible Reimbursement Percent to the adjusted Cost and enter this amount as Amount of Reimbursement Request.

TOTAL
\$
Not to exceed approved 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 are in accordance with the grant agreement and that complete and accurate records are being kept to substantiate such expenses.

Print Name of Authorized Representative	Title of Authorized Representative
Signature of Authorized Representative	Date Signed

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

Wisconsin Department of Natural Resources
 ARRA Clean Diesel Grant Program - AM/7
 PO Box 7921
 Madison, WI 53707-7921