

NEW EQUIPMENT INFORMATION FORM

The following information pertaining to the new equipment and its associated invoice are required to process your reimbursement request. ***Please have your dealer complete and sign this form. The Form must be signed in blue ink, and only an original signed Form will be accepted.*** If you or your dealer has any questions regarding the Form, please contact program staff.

Project Number:	
Dealership Name:	
Dealership Address:	
Contact Number: ()	Email:

Please provide the following information for the new equipment:

Equipment Make:	Equipment Model:
Vehicle ID # (VIN or PIN):	Equipment Model Year:
Engine Make:	Engine Model:
Engine Serial Number:	Engine Model Year:
US EPA Engine Family Name:	Manufacture Rated Horsepower:
Engine Tier:	Engine Hour Meter Reading (hours):

Please provide the following information pertaining to the invoice of the new equipment. The information provided here must accurately reflect invoiced costs.

New Equipment Base Cost:	\$	
Freight Cost(s):	\$	
Setup Fee(s):	\$	
Document Fee(s):	\$	
Tire Tax Fee(s):	\$	
Sales Tax:	Rate (%):	Total: \$
Warranty Coverage:	Year(s):	Hours:
Warranty Cost:	\$	
Please list any additional invoiced cost(s) below (i.e., equipment options, license fees, etc.):		
Item:	Cost: \$	
Item:	Cost: \$	

As the authorized dealer of the new equipment in this project, I hereby certify that all the information provided on this form accurately reflects the cost of the new equipment purchased through this project.

Authorized Dealer (Print Name):	Title:
Authorized Dealer Signature:	Date: