

San Joaquin Valley Air Pollution Control District

Proposition 1B Program - Claim for Payment

Vehicle Replacement

Project Number:

Payee/Grantee : _____

Address : _____

City: _____ State: _____ Zip: _____

Please check one of the following :	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government
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Federal Tax I.D. # : _____
 Social Security # : _____
 Telephone # : _____
 Fax # : _____

Two-Party Checks are Required

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

Date	Vehicle Identification Number <small>(List each vehicle separately)</small>	New Vehicle Make	Amount Paid	Grant Amount
Total Claim				

 Signature of Signing Authority Date

For District Use Only

<u>For District Use Only</u>	
SJVUAPCD Approval	Date
<u>Administrative Services Use Only</u>	
Audited By	Date
Reviewed By	Date

Division Abbr.	#	CY = 1 PY = 2	Account Number	Sub Acct.	Amount
	91				
Total					

Vendor Number : _____