

San Joaquin Valley Air Pollution Control District

Proposition 1B Program - Claim for Payment

Vehicle Retrofit

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

Federal Tax I.D. # : _____

Social Security # : _____

Telephone # : _____

Fax # : _____

For a two party check please complete the following information

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

Date	Retrofit Make and Model (List each device separately)	Serial Number	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	CY = 1	Account	Sub	Amount
Abbr.	#	Number	Acct.	
	91			
Total				

Vendor Number : _____