

# San Joaquin Valley Air Pollution Control District

## Lower-Emission School Bus Program - Claim for Payment

### School Bus 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
<b>Total Claim</b>				

\_\_\_\_\_  
Signature of Signing Authority                      Date

## For District Use Only

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

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

Vendor Number : \_\_\_\_\_