

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

Federal Tax I.D. # : _____

Social Security # : _____

Telephone # : _____

Fax # : _____

Two-Party Checks are Required

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

Date	Vehicle Identification Number (List each vehicle separately)	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		CY = 1	Account	Sub	Amount
Abbr.	#	PY = 2	Number	Acct.	
	91				
Total					

Vendor Number : _____