

San Joaquin Valley Air Pollution Control District

REMOVE II - Claim for Payment

Light and Medium Duty

Project Number:

Payee : _____
 Address : _____

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 # : _____

Date	New Vehicle Model (List each vehicle separately)	Vehicle Identification Number	Amount Paid	Grant Amount
Total Claim				

 Signature of Program Applicant Date

For District Use Only

For District Use Only	
SJVUAPCD Approval	Date
Administrative Services Use Only	
Audited By	Date
Reviewed By	Date

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

Vendor Number : _____