

## Request for Reimbursement Form

Recipient: \_\_\_\_\_

Charger Location: \_\_\_\_\_

Date EVCS was completed: \_\_\_\_\_

**Instructions:** Fill in the information below to summarize the Reimbursement Request.

Budget Category	Lesser of Low Bid Amount or Actual Cost
Charging Equipment, Data Network Plan, & Warranty/Maintenance Plan	\$
Charging Equipment Installation	\$
Signs and Parking Space Markings (if not included with equipment installation)	\$
Electric Utility Service Upgrades	\$
<b>Total Project Costs</b>	<b>\$</b>
<b>Reimbursement (up to 80% of the Total Project Costs, not to exceed the maximum award amount in agreement)</b>	<b>\$</b>

### Reimbursement Summary

- Please attach evidence of final costs
- Please attach colored photos verifying completion
- Please attach information verification form
- Please attach W9 for reimbursement

Requests are to be submitted by email to [barb.regynski@state.sd.us](mailto:barb.regynski@state.sd.us) or by mail to:

VW Rebate Program  
SD DANR – AQ Program  
523 E Capitol  
Pierre, SD 57501