**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 | $ |
| **Total Project Costs** | **$** |
| **Reimbursement (up to 80% of the Total Project Costs, not to exceed the maximum award amount in agreement)** | **$** |

**Reimbursement Summary**

 Please attach evidence of final costs

 Please attach colored photos verifying completion

 Please attach information verification form

 Please attach W-9 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