

**DIESEL MITIGATION TRUST FUND GRANT**

**REQUEST FOR REIMBURSEMENT PAYMENT**

|  |  |  |
| --- | --- | --- |
| **Grant ID Number**  (ex. V19F-xxx) | **Grantee Contact Information**  (where check is to be sent if EFT has not been authorized) | **Date this Request is being submitted**  (ex. 6/30/19) |
|  | Project Director email:    Organization:  Address:  Supplier ID: |  |

We request reimbursement of the following invoices for equipment received and/or work completed. (*Please use a separate line for each invoice and include proof of payment of that invoice. Add additional lines if needed.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor Name | Service or equipment provided | $ Amount | Invoice # | Date of invoice |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL REQUEST: | |  |  |  |

Request submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Project Director) Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Fiscal Agent/Treasurer) Name (Printed)

*Please submit an original signature copy with documentation to Carolyn Watkins, Ohio EPA, Office of Environmental Education, P.O. Box 1049, Columbus, OH 43216-1049. You may e-mail a scan of the signed form to* [*Carolyn.Watkins@epa.ohio.gov*](mailto:Carolyn.Watkins@epa.ohio.gov) *or fax to (614) 752-0727.*