

**SAN JOAQUIN VALLEY AIR POLLUTION CONTROL DISTRICT**

**VW Mitigation Trust Fund**

**Zero-Emission Transit, School and Shuttle Bus Project - Claim for Payment Form  
Replacement Component**

**Project Number:**

**Payee/Grantee :** \_\_\_\_\_

**Address :** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Please check one of the following :	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> C Corporation (C Corp)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> S Corporation (S Corp)	<input type="checkbox"/> Limited Liability Company (C=C Corp, S= S Corp, P=Partnership) ▶ _____
	<input type="checkbox"/> Partnership	

Federal Tax I.D. # : \_\_\_\_\_

Telephone # : \_\_\_\_\_

Date of Invoice	Vehicle Identification Number	New Vehicle Year, Make, Model	Invoice Amount	Grant Amount
<b>Total Claim</b>				

**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 _____

Object	Fund	Year	Dept	Sub-Dept	Type	Program	Phase	Entity	Amount	1099 Code
8587	560	1	90	92	-					
					-					
					-					
Stipend					-					
Expense					-					
Table					-					
Vendor Number: _____									\$	