

San Joaquin Valley Air Pollution Control District

Proposition 1B Program - Claim for Payment Form

Vehicle Replacement

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
	<input type="checkbox"/> Partnership	(C=C Corp, S= S Corp, P=Partnership) ▶ _____

Federal Tax I.D. # : _____

Social Security # : _____

Telephone # : _____

Two-Party Checks are Required

Vendor/Dealer : _____

Address : _____

City: _____ State: _____ Zip: _____

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

Signature of Signing Authority _____ Date _____

For District Use Only

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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
		1	90	92	-					
					-					
Stipend					-					
Expense					-					
Table					-					
Vendor Number: _____									\$	