

ATTACHMENT B – Reimbursement Request Form

Project Number: _____

School District: _____

Contact Person: _____

In order to request payment for the Rural School Bus Pilot Project, submit this form within 60 days of receiving the “new bus,” and no later than March 15, 2020. All fields must be completed and required documents received to be considered for payment.

The following is a list of documents and photographs that must accompany this form, as per section 1.2 of your Grant Agreement. A separate form must be completed for each bus.

All Project Types

- Vendor Invoice
- CHP Safety Certification documentation
- DMV Registration
- Photographs of the following (New Bus):
 - VIN Number (Bus Manufacturers ID tag)
 - Engine Serial Number
 - New Bus Number/Fleet ID #
 - License Plate, if available
- Copies of any checks paid by the Grantee

Combustion Engine Projects Only

- ARB Executive Order for the new bus engine
- Completed Dismantle Certification Form
- Receipts for renewable fuel purchase (if applicable)

Zero-Emission Projects Only

- Invoice documenting infrastructure costs (if applicable)
- Completed Old Bus Designation Form
- Completed Dismantle Certification Form (if applicable)

New Bus Information

| | | | |
|--------------------------------------|---------------|-----------------------|--|
| Vehicle Make: | | Vehicle Model: | |
| Vehicle Identification Number: | | | |
| License Plate Number (if available): | Bus ID#: | Odometer Reading: | |
| Engine Make: | Engine Model: | Engine Serial Number: | |

Payee Information

| School Bus Vendor (vehicle costs): | | | School District (infrastructure and fuel costs): | | |
|------------------------------------|-------|-----|--|--------|------|
| Make Check payable to: | | | Make Check payable to: | | |
| Address: | | | Address: | | |
| City | State | Zip | City: | State: | Zip: |
| Contact: | | | Contact: | | |

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Payment Claim

| | Project Costs | Claim Amount | District Use Only | |
|------------------------|---------------|--------------|-------------------|--------------|
| New Bus Cost: | \$ | \$ | Verified By: | Approved By: |
| Infrastructure: | \$ | \$ | | |
| Renewable Fuel: | \$ | \$ | Date | Date |
| Total: | \$ | \$ | | |

The total claimed for payment must not exceeded the “Total Grant Award” listed in Attachment A, Section 5 of your Rural School Bus Pilot Project Grant Agreement.

I certify that the information reported on this form is true and correct to the best of my knowledge and that I have taken reasonable measures to ensure its accuracy and completeness. Further, the information reported describes the purchase of a new school bus with RSBPP funds pursuant to the terms of the RSBPP grant agreement specific for this new unit.

X _____
Signature

Printed Name

Date