



Reimbursement Request Form

Employer Name:	
Mailing Address:	_____ _____ _____
Contact Person:	
Phone Number:	
Email:	
Grant Agreement Identifier:	
Vendor ID Number:	
Total Cost of Project:	
<input type="checkbox"/> I certify that the work was performed in accordance with the grant agreement terms and conditions.	

Total amount for which you are requesting reimbursement: \$_____

Please attach paid invoice(s) and proof of payment for the electric vehicle charging station equipment and/or installation costs.

Please complete and return to:
 NJDEP, Bureau of Mobile Sources, Mail Code 401-02E, Trenton, NJ 08625-0420
 or scan documents and email to DriveGreen@dep.nj.gov.

 Grant Executor's Name

 Date

 Signature