

Request for Reimbursement Form

Recipient: _____

Charger Location: _____

Date EVCS was completed: _____

Instructions: Fill in the information below to summarize the Reimbursement Request.

Budget Category	Lesser of Low Bid Amount or Actual Cost
Charging Equipment, Data Network Plan, & Warranty/Maintenance Plan	\$
Charging Equipment Installation	\$
Signs and Parking Space Markings (if not included with equipment installation)	\$
Electric Utility Service Upgrades	\$
Total Project Costs	\$
Reimbursement (up to 80% of the Total Project Costs, not to exceed the maximum award amount in agreement)	\$

Reimbursement Summary

- ☐ Please attach evidence of final costs
- ☐ Please attach colored photos verifying completion
- ☐ Please attach information verification form
- ☐ Please attach W-9 for reimbursement

Requests are to be submitted by email to barb.regynski@state.sd.us or by mail to:

VW Rebate Program
SD DANR – AQ Program
523 E Capitol
Pierre, SD 57501