

## Request for Reimbursement Form

Recipient: \_\_\_\_\_

Date EVCS was completed: \_\_\_\_\_

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

### Reimbursement Summary

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	\$
<b>Total Project Costs</b>	<b>\$</b>
<b>Reimbursement (80% of total project costs up to maximum award)</b>	<b>\$</b>

- Please attach evidence of final costs such as copies of the invoices or receipts
- Please attach colored photos verifying completion

Requests are to be submitted by email to [barb.regynski@state.sd.us](mailto:barb.regynski@state.sd.us) or by mail to:

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