

Request for Reimbursement Form

Name of Applicant: _____

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	\$
3-Year Data Network Plan	\$
3-Year 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 (80% of total project costs)	\$

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

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

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