



## Reimbursement Request Form

### APPLICANT INFORMATION

Employer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grant Agreement Identifier: \_\_\_\_\_

Vendor ID Number: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

\_\_\_\_\_ I certify that the work was performed in accordance with the grant agreement terms and conditions.

### CHARGING STATION INFORMATION

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number(s): \_\_\_\_\_

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](mailto:DriveGreen@dep.nj.gov).

\_\_\_\_\_  
 Grant Executor's Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature