

Company Name or Logo

**Clean Vessel Act Reimbursement Request**

Invoice Number: \_\_\_\_\_

Date: \_\_\_\_\_

Virginia Department of Health - OEHS

109 Governor Street, 5<sup>th</sup> Floor

Richmond, Virginia 23219

Phone: (804) 864-7467

Fax: (804) 864-7475

Scottm.vogel@vdh.virginia.gov

**Itemized Activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purchase, Installation, or Maintenance Expenditures:**

Total Cost: \_\_\_\_\_

Less 25% paid by owner as agreed: \_\_\_\_\_

BALANCE DUE 75% Federal Share: \_\_\_\_\_

**PAYMENT NAME & ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fed. ID# \_\_\_\_\_

**Contact Information:**

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

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

➤ Please ensure that the revised July 2014 COV Substitute W9 form is attached.