

Company Name or Logo

Clean Vessel Act Reimbursement Request

Invoice Number: _____

Date: _____

Virginia Department of Health - OEHS
109 Governor Street, 5th 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: _____

Submit all receipts, proof of payments, invoices, and W9 as soon as possible or no later than 10/30/2018.

Contact us before the deadline if this is not possible or if you have any questions.

Ensure that the revised substitute Virginia W9 form is attached.