

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.

For Agency Use Only

Approved By: _____

Cost Code: _____