

Company Name or Logo

**Boating Infrastructure Grant Reimbursement Request**

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

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

Virginia Department of Health - OEHS  
109 Governor Street, 6th Floor  
Richmond, Virginia 23219  
MarinaProgram@VDH.virginia.gov

**Itemized Activities:**

---

---

---

---

---

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

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

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

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

*If you are unsure of the owner or federal % share please contact VDH.*

**PAYMENT NAME & ADDRESS:**

---

---

---

---

UEI # \_\_\_\_\_

**Contact Information: MUST MATCH W-9**

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

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

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

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

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

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

**Checklist - VDH must have these to process:**

- o receipts & invoices
- o revised substitute Virginia W-9 form
- o proof of payment *check, bank statement, zero balance invoice*; for receipts & invoices
- o W9 - VA substitute form
- o proof of federal interest statement added to property records
- o this document signed

**Refer to your subrecipient agreement for reimbursement deadline.**

Signature & Title: \_\_\_\_\_

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