

Ethanol Infrastructure Incentive Program Reimbursement Request – FY 2012



Please print, complete and submit this form, along with the following:

A completed W-9 form

NOTE: Your vendor/contractor should be able to provide you with all of the required supporting documentation.

An invoice documenting the total project cost

A copy of the completed "Placed in Service Report: Pump, Meter, or Small Scales Form". Your Vendor/Installer completes this form when the project is completed for the South Dakota Department of Public Safety's Office of Weights and Measures.

Pump specifications detailing the number of hoses and blends

711 E. Wells Ave. | Pierre, SD 57501
1-800-872-6190 | 605-223-3256 (f)

Organization:		Direct Primary Contact:	
Title:		Address:	
City:		State:	Zip:
Direct Primary E-mail:		Direct Primary Phone:	
Project Location:			
Total Award Amount:		Previous Requests:	
Amount Currently Requested for Reimbursement:		Amount of Funding Remaining:	
Blends Currently Sold:		Were all of your project costs incurred during the award period? Yes No	

I certify that this information is true and correct, and that the pumps meet all the requirements of the program.

Signature:	Title:	Date:
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Subscribed and sworn to
before me this _____ day
of _____, 2012.

Notary Public - South Dakota

(Seal)

My Commission expires
_____, 20____.

FOR OFFICE USE ONLY:

Grant Number:	Approved for Payment: Yes No
Signature:	Date: