

Northern Sierra Air Quality Management District

Claim For Payment – AB 2766 Grant Program (Incomplete or illegible claims will be returned unpaid)

Payee: _____

Address: _____

Phone #: _____

Federal Tax I.D. #: _____

Contract # (e.g. AB 2018 - # #): _____

Project Description:

Date	Description	Amount
TOTAL CLAIM:		

Signature of Claimant Date

Print Name of Claimant

Section below for NSAQMD use only:

Reviewed by Date

Reviewed by Date