

Attachment B

The Mid-Atlantic Regional Air Management Association, Inc.
711 West 40th Street, Suite 312
Baltimore, MD 21211-2109

Request for Reimbursement Form

1. Payment Request for Work Task (Circle one only.)

Work Task 1: Submission of Baseline Data and Purchase/Install APU (\$750)

Work Task 2: Submission of Data report April - September 2007 (\$750)

Work Task 3: Submission of Data Report October 2007 – March 2008 (\$1,500)

If you are requesting reimbursement for Work Task 1, complete and attach Attachment C, Purchase, Installation and Baseline Data Report.

If you are requesting reimbursement for Work Task 2 or 3, complete and attach Attachment D or E, Semi-Annual Report.

2. Name of Truck Company: _____

Address to Which _____
Payment Should
Be Sent _____

Make Check Payable to: _____

3. I certify that to the best of my knowledge and belief the information provide above and in all attachments is correct and accurate and that all outlays were made in accordance with grant conditions and that payment is due and has not been previously requested. A detailed description of services and materials covered by current charges is attached.

Please type or print the following information:

Name _____ Title _____ Telephone Number _____

Signature _____ Date _____

For MARAMA Use