

**APPENDIX H – VOUCHER INCENTIVE PROGRAM REIMBURSEMENT INVOICE**

Date:
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**DEALERSHIP INSTALLER INFORMATION**

Business Name:	
Address:	City, State, Zip:
Telephone:	
Federal Tax ID Number:	

Reimburse \_\_\_\_\_ for \_\_\_\_\_ for the voucher number \_\_\_\_\_  
(Dealer Name) (\$0.00)

A complete reimbursement package will be turned in at the time of payment.

By signing this Reimbursement Invoice, I represent and warrant that I am an authorized representative of the Dealership with full legal right and authority to sign and submit this Invoice for and on behalf of the Dealership. By signing this Invoice, the Dealership and I are hereby certifying, under penalty of perjury under the laws of California, that the Dealership (acting by and through its authorized representatives) has examined and is familiar with the requirements of and its obligations under the Voucher Incentive Program and that the information, data and statements provided to the air district are accurate, true and complete. Based on completion of a reasonable review of records and reasonable inquiry of those individuals with primary responsibility for obtaining said information, data and statements, the Dealership and I (as an authorized representative) further certify under penalty of perjury under the laws of California that said statements, data and information are true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false statements, data and information, including the possibility of criminal sanctions.

Thank you.

Name:	
Signature:	Date: