

BLENDER PUMP REIMBURSEMENT REQUEST
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 59024 (04/10)



Please complete and submit this form along with a photo of the pump, invoice documenting total cost, and manufacturer's warranty.

Organization		Direct Primary Contact	
Title		Address	
City		State	Zip
Direct Primary Telephone	Direct Primary Fax	Direct Primary E-mail	
Project Location			

Total Award Amount	
Previous Requests	
Amount Currently being Requested for Reimbursement	
Amount of Funding Remaining	
Blends Currently Sold	

Were all of your project costs incurred during the award period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that this information is true and correct, and that the pumps installed have been equipped with nickel plated components and any other required additions to handle high blends of ethanol.

Signature	Title	Date
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FOR OFFICE USE ONLY	
Grant Number	Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date

