

EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370
PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

Invoice for Payment Form

Grantee Name:		
Business Name (if applicable):		
Mailing Address:		
City:	State:	Zip Code:
Phone No:	Email Address:	

As of _____, the following project has been completed and is operational:
Date

Agreement Number	Total Project Cost	Grant Amount Requested			
	\$	\$			
Program:	DMV	FARMER	Carl Moyer	School Bus	AB 617

Print Name: _____

Signature: _____ Date: _____

Date Received	Validation (for EKAPCD use)
	DMV: \$ _____
	FARMER: \$ _____
	Moyer: \$ _____
	AB 923: \$ _____
	AB 617: \$ _____
	Interest: \$ _____

Include CMP interest in payment for Moyer projects invoiced between January 1 to June 30 of each year