

REIMBURSEMENT REQUEST

Flexible Technical Assistance (PON 4192)



NYSERDA

All fields on this form are required to be filled out.

CUSTOMER INFORMATION

Company Legal Name

Federal ID# (must link to customer name)

First Name

Last Name

Title

Street Address

City

State

Zip/Postal Code

Phone (including area code and extension)

Email

PROJECT DETAILS

NYSERDA Purchase Order Number

Purchase Order Date of Issuance

Total Eligible Study Cost

*Total Customer Cost-Share Paid to Date

Reimbursement Funds Requested

**NYSERDA may ask for confirmation of the Total Customer Cost-Share paid to date before issuing reimbursement payment.*

List the recommended energy efficiency or clean heating and cooling measure(s) from the approved FlexTech study that were implemented. Include measure name and measure number as identified in the study's final Project Summary Sheet. Please include the building name and/or address in the Measure Name if multiple buildings were evaluated. Attach corresponding proof of purchase to this request.

Measure #	Measure Name	Date Measure Installed	Installed Measure Cost \$

CUSTOMER CERTIFICATION

By signing below, I affirm that the Customer named in this request for reimbursement has implemented the energy efficiency or clean heating and cooling measure(s) listed above and that the attached proof of purchase documentation are for capital costs associated with these specific measures. I certify that I am authorized to act on behalf of the Customer and that the information provided as part of this request for reimbursement is true to the best of my knowledge.

Authorized Signature

Name/Title

Date

This form and all supporting documentation must be submitted to FlexTech@nyserda.ny.gov within two (2) years of the NYSERDA issued Purchase Order to be considered for reimbursement.