



Reimbursement Completion Form
Maryland Freedom Fleet Voucher Program
Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Mary Beth Tung, Director

Please Fill Out Form Electronically, Print, Sign and Return/Email to MEA.

All Required Fields on this Form Must be Filled Out Completely.

Incomplete or Illegible Applications Will Be Returned To The Primary Point of Contact; No Exceptions.

A. Applicant Information (PPC)

						Award Amount \$	Award #
Voucher Applicant	Company Name		First Name		Last Name		Email
	Address (To send Voucher Payment)		City	State	Zip	Plus 4	Federal Tax ID#

B. Motor Carrier Information

Motor Carrier Information	Motor Carrier Name		Motor Carrier USDOT or MDDOT #	Federal Tax ID#	Tag #	Technology
	Vehicle VIN #		Vehicle Make	Vehicle Model	Vehicle Year	Gross Vehicle Weight
	First Name	Last Name	Phone	Email		
	Vehicle Home Base Address			City	State	Zip

C. Reimbursement Form Required Attachment Checklist

- Reimbursement Form completely filled out
 Line Setting Ticket
 Copy of Final Payment
 License Plate Photo
 Delivery Bill of Lading
 Final Vehicle Invoice
 Copy of Lease Agreement (if applicable)
 MVA Registration and Tag

D. Application Reimbursement Form Acknowledgement

a. Application- PPC

I solemnly affirm under penalties of law that I am authorized to make representations of behalf of the applicant, that the contents of the foregoing Reimbursement Form are true to the best of my knowledge, information and belief. I acknowledge that MEA or an authorized representative may contact me in the future regarding program satisfaction as well as general Vehicle information as it relates to this program.

Print Name Date

b. Motor Carrier

I solemnly affirm under penalties of law that I am authorized to make representations of behalf of the Motor Carrier, that the contents of the foregoing Reimbursement Form are true to the best of my knowledge, information and belief. I acknowledge that MEA or an authorized representative may contact me in the future regarding program satisfaction as well as general Vehicle information as it relates to this program.

Print Name Date

OFFICIAL USE ONLY				
AGENCY	FUND	PCA	SUB-OBJ	FY
Federal Tax ID Number			AMOUNT	
PM INIT	MEA INVOICE NUMBER		DATE RECEIVED	
MEA APPROVAL			FINANCIAL ADM APPROVAL	
OFFICIAL USE ONLY	DATE: _____ POSTED: _____			

Submit this Application Reimbursement Form and all required supporting documentation to:
-Attention- Freedom Fleet Voucher Program
Maryland Energy Administration
1800 Washington Boulevard, Suite 755
Baltimore, MD 21230