



Virginia Department of Transportation BOWD CENTER FINANCIAL ASSISTANCE REQUEST FORM

Instructions: Please complete all sections of this form. It may be typed or handwritten. **Pre-approval is required prior to purchase.**

1. Date:
2. DBE Firm:
3. Submitted by:
4. DBE Certification # :
(REQUIRED -If # unknown, visit http://www.sbsd.virginia.gov/cgi-bin/dbe_search.cgi)
5. DBE Address:
6. Phone (Mobile):
7. Email:
8. Position within the company:
9. Detail the specific need for the item(s) you are requesting (attach additional sheets if necessary).

10. **AGREEMENT - Written approval from the BOWD Center is required prior to any expenditures requested for reimbursement.** A quote from a SWaM company from which you would make the purchase, detailed Website advertisement, or detailed training announcement reflecting specifications and pricing information must be attached. Submit this request only when your firm is prepared to make an immediate purchase. BOWD approval is required before purchase of goods or services. Original receipts (not copies) are required for reimbursement. Approval is valid for 30 days from the date the firm has received written BOWD approval. Submissions are not allowed for similar requests once a previous request has become null and void. Proof of payment includes receipts and/or processed check or credit card payment. Proper documentation must be attached. Allow up to 30 calendar days for approval processing, and 30 days for reimbursement from the date all required documentation is received.

I agree to submit authentic quotes, invoices, and/or proof of payment documentation. I understand that any fraudulent activity to acquire government funds from this program may result in legal action. **DO YOU AGREE TO THESE TERMS?** Yes No

Print Name _____ Title _____

Signature _____ Date _____

Conference or Training Registration	\$	Technology <i>Type of Software:</i> _____ <i>Quantity:</i> _____	\$
License / Certification	\$	Lodging Name of Hotel: Hotel Ph #:	\$
** Other	\$	Transportation	\$
* * Other	\$	<i>** If "other" name and describe item(s) here:</i>	
TOTAL: \$			

Date of event: _____ Location: _____

Name of event sponsor: _____ Sponsor phone: _____

Name person(s) attending: _____ Position within company: _____

Website pertaining to event: _____

* Attach documentation before faxing to (804) 662-9570. Direct questions to (804) 662-9558.

BOWD CENTER STAFF USE ONLY			
(circle one) Approved	Not approved	\$ _____	Total amount approved
BOWD CENTER COMMENTS:			
Signature: _____		Date: _____	