



## Request for Voting Equipment Reimbursement Form

Complete this form in its entirety and submit it with a copy of all original invoices, the original paid receipt, and a signed copy of the attached certificate of performance compliance from the vendor to:

Ross Hein, Elections Specialist  
 Wisconsin State Elections Board  
 P.O. Box 2973  
 Madison, WI 53701-2973

Please Print or Type

HINDI Number	County	Name of Municipality
Name and Physical Address of Polling Place		Today's Date
Name of Person Completing this Request	Title of Person Completing this Request	Phone Number of Person Completing this Request
<b>Amount of funds requested for reimbursement</b>		\$

We, the claimant, on behalf of the (circle one) County, City, Village or Town of \_\_\_\_\_, certify that the items for which reimbursement is claimed were furnished for Accessible Voting Equipment only as set forth in the application. We further agree in accordance with S. 5.05 (11), Wis. Stats., that if the federal government objects to the use of any assistance moneys provided to the municipality under this agreement, the municipality shall repay the amount of assistance provided by the Board.

Municipal/County Clerk signature \_\_\_\_\_ Today's Date \_\_\_\_\_