



WPS RESPIRATORY COMPLIANCE PROGRAM COST SHARE REIMBURSEMENT REQUEST

Name of Farm or Individual to Receive Reimbursement:

County: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number (Business): _____ (Mobile): _____

Email Address: _____

Current or former tobacco Farmer? ___ Yes ___ No Current or former quota holder? ___ Yes ___ No

ELIGIBILITY

Any Farm / Farmer in North Carolina needing to purchase respirators, cartridges or other WPS equipment under the Cost Share program of the WPS Respiratory Compliance Program administered by the North Carolina Agromedicine Institute.

COST-SHARE PROGRAM REQUIREMENTS

- Cost-Share level is 50:50
- Funds are limited and will be paid on a "First Come, First Served" basis.
- **Original itemized paid receipts** must be sent to the North Carolina Agromedicine Institute within 60 days of purchase

RETURN THIS COMPLETED APPLICATION FORM (2 PAGES) AND ORIGINAL RECEIPTS TO:

**NORTH CAROLINA AGROMEDICINE INSTITUTE
ATTN: TINA CLIFT
1157 VOA Site C Road
GREENVILLE, NORTH CAROLINA 27834**

In order to receive reimbursement, ECU requires that you also **Complete an online ECU Vendor Request form**. Mrs. Clift will initiate this online procedure. You will receive an email invite from **Support@Sciquest** which will contain a link for you to go to an online site to complete the form and upload your W-9 form. Once this process is completed, you will be set up with a "Banner ID" – a unique number which will guard your identity and replace your Social Security Number or your TIN. Failing to respond to the email from **Support@Sciquest**, will void your request for reimbursement.

For Office Use Only: Approved by _____ **Date** _____

Submitted for payment by: _____ **Date** _____

ITEMIZED REIMBURSEMENT REQUEST

Please include detail about the item purchased following the example below. Please call 252-744-1008 if you have questions about eligibility of the products you wish to purchase under the Cost Share Program. **Remember, ask us for applicability before you buy!**

Item	Quantity	Per Item Cost	Purchased From	Manufacturer Item Number	Total Cost
Example: 3M Half Face Respirator (S)	2 Each	14.54	Grainger	5AM53	29.08
Please remember to attach <u>original</u> receipts! Photocopies will not be accepted.				Shipping & Handling	
				Tax (if applicable)	
				Total Cost	
				Total Cost Divided by 2 =Amount of Cost Share Funds Requested	