

VERMONT LAMP RECYCLING PROGRAM REIMBURSEMENT CLAIM FORM

Participant Administrator for Lamp Recycling Program

Name of Participant: _____

Participant Point of Contact: _____

Mailing Address: _____

City: _____ State: Vermont Zip Code: _____

Phone: _____ Email: _____

This claim is for eligible waste mercury-containing lamps disposed of by covered entities collected between:

Begin Date (MM/DD/YYYY): _____

End Date (MM/DD/YYYY): _____

The Participant seeks reimbursement for the following eligible mercury- containing lamps:

Type	Quantity	Reimbursement Rate	Sub-Total
4' Linear Lamps		\$0.23	
CFL		\$0.32	
8' Linear Lamps		\$0.46	
U-Tubes		\$0.23	
HIDs		\$0.46	
		Total Claim	

Supporting documentation for the stated quantities above must be submitted with the claim form to receive reimbursement.

By its signature below, the Participant certifies that the information above is true and accurate.

Name of Participant

Authorized Signature

Name (please print)

Date