



## VERMONT LAMP RECYCLING REIMBURSEMENT CLAIM FORM

---

### Participant Administrator for Lamp Recycling Program

Name of Location: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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		\$0.24	
CFL		\$0.31	
8' Linear Lamps		\$0.47	
U-Tubes		\$0.27	
HIDs		\$0.69	
		<b>Total Claim</b>	

***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: \_\_\_\_\_