



VOUCHER REIMBURSEMENT FORM

In order to receive reimbursement, this form is to be completed by a Participating Retailer ("Retailer") that has received a Rebate Voucher Approval Form from the Program Administrator for the Lower Peninsula of Michigan Woodstove Changeout Program.

Today's Date: _____ Rebate Voucher # (from Rebate Voucher Approval Form): _____

Retailer Information

Retailer Name: _____ Phone: _____

Retailer Address: _____

City: _____ State: _____ ZIP: _____

Installer Information (if different from above)

Installer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Professional Credentials: _____

Participant Information

Customer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

New Appliance Information

Manufacturer: _____ Model: _____

Manufacture Date: _____ New Appliance Photo Attached: Yes No

New Stove Type: Wood Pellet Gas Other _____

Retrofit Description (if applicable): _____

_____ Date of New Appliance Installation: _____

Yes No

1. Retailer certifies that the installed device is new.
2. Does the new appliance mean a change in fuel source for the Participant?
 - a. If so, what was the old fuel type? _____
 - b. And what is the new fuel type? _____
3. If new appliance is wood-burning, did Participant receive a wood moisture meter?
4. Did Participant receive information from Retailer related to the proper operation of new appliance and the benefits of proper operation including, if applicable, the importance of burning dry seasoned wood?

Destruction of Old Non-EPA Certified Appliance

Yes No

Appliance has been removed from the residence.

Doors have been removed and hinges destroyed prior to release to a recycling facility.

Appliance has been / will be released to a recycling facility for destruction.

The Retailer certifies to the American Lung Association in Michigan that the information contained on this tracking form is accurate and the form is completely filled out. The Retailer acknowledges that the **Participating Retailer Agreement Form** has been completed and the program requirements have been fulfilled in order to receive reimbursement from the American Lung Association in Michigan. This form must be submitted with ALL sections completed in order to receive reimbursement.

Name of Participating Retailer: _____
(Please Print Name of Retail Business)

By: _____ Date: _____
(Authorized Signature)

Name of Authorized Signatory: _____
(Please Print Name and Title of Authorized Person Signing)

To assure processing within 14 days, please make sure you send all items listed, if not previously submitted:

- Photo of old stove before removal
- Photo showing evidence that the old appliance has been rendered inoperable
- Photo of new stove after installation
- Copy of itemized receipt / invoice for new appliance purchase and installation

Please submit the completed form and above items to:

Jocelyn.Hayward@lung.org

OR

American Lung Association in Michigan
Attn: Jocelyn Hayward
PO Box 402
Williamston, MI 48895-0402