Alberta Used Oil Management Association
Infrastructure Development Incentive Summary Claim Form

Note: All fields must be completed

Processor Name				Invoice #	
Mailing Address					
City		Prov		Postal Code	
Phone		Fax		Processor GST#	
AUOMA Registered Processor #				For the month of	

Date Used Oil Containers Received	Processor Docket #	No. of Bags	No. of Pails	Collector Weight in Kgs.	Processor Weight in Kgs.	Processor IDI	Amount Claimed
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
		-	-	-	-	Subtotal	-
						GST @5%	-
						Total Claimed	-

Ensure all verification documents are attached.

I certify that all of the information contained within this request is correct. I understand the information in this report is subject to audit. The detailed records which substantiate the information herein are available upon request.

I certify that, to the best of my knowledge, the materials included in this claim were generated within Alberta. I further acknowledge that I have read, and agree to be bound by, the terms and conditions in the appendices to the Lubricating Oil Material Product Management Program Manual for Processors and Collectors.

Name_____ Signature_____ Date_____