



## British Columbia 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#	
BCUOMA 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.	IDI	Amount Claimed
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
						0.30	-
<b>TOTAL</b>					-	Subtotal	-
						HST @ 12%	-
						<b>Total Claimed</b>	-

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 British Columbia. 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 \_\_\_\_\_