

Manufacturer Applicant: _____ Project Name: _____ Contract No.: _____

Invoice Number	Invoice Date	Contractor's Name	Description of Material	SIC Code	Invoice Amount	– Value of Returns	= Net Claim	X Appl. Rate	Amt. Appl'd for	B.I. Office Use Only

Applicant Signature: _____ Dated: _____ Total: _____

B.I.O. Approval: _____ Date: _____