

PAYMENT REQUEST FORM: SOLAR AIR HEATING SYSTEM

To qualify for receipt of the incentive offered under the ecoENERGY for Renewable Heat Program, please print clearly when completing this form and submit it to the above address **along with your Commissioning Report, Attestation form and copies of paid invoices after the project has been completed.** (Ref.: *Terms and Conditions* and the *Contribution Agreement - Article 5*).

File Number: _____ - _____

Funding Recipient: _____
 (i.e. business name)

Mailing address: _____ City _____ Postal Code _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Other Funding: Since submitting your application, have you applied for, received, or do you expect to receive government funding in support of any part of this project? No Yes

If **yes**, indicate which one(s): Federal Territorial Provincial Municipal

Program Name	Date of Receipt (dd-mm-yyyy)	Amount

Photographs of installed system: enclosed sent by electronic mail to rdjebbar@nrcan.gc.ca

Date system was commissioned: _____
 (dd-mm-yyyy)

Estimated Total Project Costs per original application, excluding all taxes: \$ _____

BREAKDOWN OF ACTUAL PROJECT COSTS (Excluding all taxes)			
Solar Air Heating System Component (Do Not Include Used Equipment)	Supplier's Name	Invoice Number	Cost (excluding all taxes)
Collectors			
Collector rack and/or support components			
Ducting from collector to interface with auxiliary heater			
Insulation on eligible ducting (i.e., ducting from collector to interface with auxiliary heater)			
Dampers			
Collector Fan(s)			
Photovoltaic components used to power solar system equipment			
Solar system controller			
EQUIPMENT COST SUBTOTAL			
Solar Air Heating System Project Soft Cost			
Project feasibility, design			
Permits (exclusively for solar system installation)			
Project management			
Installation labour			
Shipping			
Commissioning			
Other (specify):			
TOTAL SOLAR SYSTEM COST:			

TOTAL SOLAR SYSTEM COST PER m ² OF COLLECTOR AREA:			\$ _____ /m ²
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IMPORTANT: MISSING INFORMATION WILL DELAY THE PAYMENT OF YOUR PROJECT

I certify that the information given above is correct and complete.

Name: _____ (print) _____ (sign)

Title: _____ Date: _____ (dd-mm-yyyy)