



Coast Electric POWER ASSOCIATION

A Touchstone Energy® Cooperative 

ELECTRIC COOKING EQUIPMENT INCENTIVE PROGRAM REPORTING FORM

DEALER/SUPPLIER

Business Name: _____

Salesperson: _____

Mailing Address: _____

City/State/ZIP: _____ Phone: (____) _____

CEPA CUSTOMER

Business Name: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

City/State/ZIP: _____ Phone: (____) _____

INSTALLED EQUIPMENT*

EQUIP. TYPE & BRAND	MODEL #	NEW or RETROFIT	kWs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Job Completed: _____

* Please attach copy of invoice

- For Accounting Use Only -

Rebate to Supplier: \$ _____

Rebate to Customer: \$ _____

Budget Code 1037 REBT 06

Member #: _____

GL # 90812

Budget Code 1037 REBT 05

GL # 90812

CEPA Representative: _____