

Ultra-Low Temperature (ULT) Freezer Rebate Application



Complete this form and email it to sustainability@upenn.edu with the required documentation using the subject "ULT Rebate Application".

Applicant Information:

Name:	Date Submitted:
Email Address:	
Department/Center/Institute/program/office/unit/etc.:	
School/Division/Vice Provost/etc.:	
Type (select one): <input type="checkbox"/> Freezer Recycling <input type="checkbox"/> Freezer Replacement <input type="checkbox"/> New Freezer Purchase	

Freezer Information: Complete the section corresponding to the requested rebate type.

Freezer Recycling Rebate

Please attach the following documents: 1) the certificate of recycling, and 2) the paid invoice for the recycling service.

Freezer Recycler (if applicable): <input type="checkbox"/> eForce Recycling <input type="checkbox"/> Elemental, Inc. <input type="checkbox"/> Other: _____	
Recycled Freezer Model Number:	Recycled Freezer Location (building name and room number):

Freezer Replacement Rebate

Please attach the following documents: 1) the paid invoice for the freezer purchase, 2) the certificate of recycling, and 3) the paid invoice for the recycling service.

Efficiency (select one): <input type="checkbox"/> < 0.25 kWh/day/cu-ft <input type="checkbox"/> 0.26-0.31 kWh/day/cu-ft	
New Freezer Model Number:	New Freezer Location (building name and room number):
Freezer Recycler (if applicable): <input type="checkbox"/> eForce Recycling <input type="checkbox"/> Elemental, Inc. <input type="checkbox"/> Other: _____	
Recycled Freezer Model Number:	Recycled Freezer Location (building name and room number):

New Freezer Purchase Rebate

Please attach the following document: 1) the paid invoice for the freezer purchase.

Efficiency (select one): <input type="checkbox"/> < 0.25 kWh/day/cu-ft <input type="checkbox"/> 0.26-0.31 kWh/day/cu-ft	
Freezer Model Number:	Freezer Location (building name and room number):

Funding Information:

Budget Code:	Expected rebate amount (\$):
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