



Carl Moyer Lawn and Garden Program Voucher Tracking Form

This form is to be completed by the Participating Merchant and sent with the reimbursement package to the Sac Metro Air District. You may use this form for multiple vouchers if they are processed together.

Customer Name: _____ Applicant ID: _____

Customer Address: _____

New Equipment Summary

Equipment Make/Model	Quantity	Associated Voucher(s)	Num. of Charging Cords	Num. of Batteries

Participating Merchant certifies that the information contained on this tracking form and other required forms are accurate and complete and that it has met the program requirements, which performance is a prerequisite to receiving reimbursement from the participating Air District.

Name of Participating Merchant Representative: _____

Signature of Participating Member or Authorized Representative:

_____ **Date:** ____ / ____ / _____