



**DEPOT CLAIM**

SUMMARY OF CONTAINERS SHIPPED AND APPLICATION FOR REFUND/HANDLING FEE

Depot Name: \_\_\_\_\_

Permit #: \_\_\_\_\_

For the period from: YYYY/MM/DD

Phone Number: \_\_\_\_\_

Carrier Bill of Lading #: \_\_\_\_\_

To: YYYY/MM/DD

	Aluminum Cans < 750 mL	Refillable Beer < 750 mL	Milk		< 750 mL					≥ 750 mL				
			< 750 mL	≥ 750 mL	Glass	Plastic	Tetra-Packs	Tin	Total	Glass	Plastic	Tetra-Packs	Tin	Total
<b>QUANTITY IN SHIPMENT</b> A														
Handling Rate	\$ 0.025	\$ 0.025	\$ 0.04	\$ 0.075	\$ 0.04					\$ 0.075				
<b>HANDLING FEE</b> (A x Handling Rate) B														
Refund Rate	\$ 0.05	\$ 0.05	\$ 0.05	\$ 0.05	\$ 0.05					\$ 0.25				
<b>REFUNDS PAID</b> (A x Refund Rate) C														
<b>PAYMENT APPLIED FOR</b> (B + C)														
# PALLETS (P), BAGS (B) and/or BALES (BL) SHIPPED														
<b>PROCESSOR CHECK ✓</b>														

Claim Total \$ \_\_\_\_\_

Self-Transportation Allowance \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Depot Representative: \_\_\_\_\_

Depot Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NON-REFUNDABLE RECYCLABLES**

	# Bags	# Pallets	# Bales	Processor ✓
Glass				
Mixed Plastic				
Hard Mixed Paper & Office Pack				
Cardboard				
Boxboard				
Other: _____				