



# Efficiency Excellence Network Co-Op Training Fund Reimbursement Form

All training funds must be pre-approved to qualify for reimbursement. See guidelines for additional information.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check Payable To: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Registrant Name	Name & Host of Training/Conference	Date & Time of Training	Subject Matter/ Technology Covered	Training Cost
<p>Eligible EEN member companies can access these funds for multiple trainings/ attendees for up to 50% per registrant. However, funds are capped at a maximum of \$500 per company per calendar year. Funding is limited and provided on a first-come, first-served basis. Program is subject to change without notice.</p>				<p>Total Cost: _____</p> <p>Co-Op Amount Requested: _____</p> <p>Co-Op Amount Approved: _____</p>

I have read and understand the terms and conditions of the Efficiency Vermont Efficiency Excellence Network Co-Op Training Funds guidelines and logo requirements, and agree to abide by them. I certify that all information provided on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature:

**Send completed form with copies of invoices to:**

EEN Training Coordinator  
Efficiency Vermont  
128 Lakeside Ave., Suite 401  
Burlington, VT 05401

Email: [een@efficiencyvermont.com](mailto:een@efficiencyvermont.com)

