(TO BE FILLED OUT BY WINDOW CONTRACTOR)

WINDOW INCENTIVE WORKSHEET

Contractor Information

Business Name: _____ Job Date: _____

Contact Person: _____ Invoice #: _____

Address: _____ Paid Date: _____

Phone #: _____

Business License #: _____

Customer Information

Name: _____

Address: _____

Phone #: _____

Qty	Dimensions	U-Factor	*SHGC	Mfg.	Model #	Location

TOTAL QTY OF ELIGIBLE WINDOWS INSTALLED: _____

TOTAL COST: _____

☒Signature of Installer _____

*Solar Heat Gain Coefficient

Supplemental Page – use if necessary

Qty	Dimensions	U-Factor	*SHGC	Mfg.	Model #	Location

TOTAL QTY OF ELIGIBLE WINDOWS INSTALLED: _____

TOTAL COST: _____

☒Signature of Installer _____

*Solar Heat Gain Coefficient