

Vermont Energy Efficiency Utility Fund FY 2021 Remittance Worksheet

A. Company Code VTE -
B. Submission Date

C. Revenue Month			
Jan-21	Apr-21	Jul-21	Oct-21
Feb-21	May-21	Aug-21	Nov-21
Mar-21	Jun-21	Sep-21	Dec-21
D. Original		Revision	

Please read complete instructions before completing.

SECTION 1 - Distribution Utility Information	
1a. Company Name:	
1b. Complete Mailing Address:	
1c. Telephone:	
1d. Fax:	
1e. E-Mail Address:	

SECTION 2 - Consumption Data in Kilowatt Hours (kWh) and Kilowatts (kW)	
Residential:	
2a. Kilowatt Hours	_____ x \$0.01188 per kWh = \$ _____
Commercial	
2b. Non-Demand Customers - Sales	_____ x \$0.01024 per kWh = \$ _____
2c. Demand Customers - Sales	_____ x \$0.00662 per kWh = \$ _____
2d. Demand Customers - Billed Capacity	_____ x \$1.13825 per KW = \$ _____
Industrial	
2e. Non-Demand Customers - Sales	_____ x \$0.00757 per kWh = \$ _____
2f. Demand Customers - Sales	_____ x \$0.00521 per kWh = \$ _____
2g. Demand Customers - Billed Capacity	_____ x \$1.21316 per KW = \$ _____
Street and Area Lights:	
2h. Kilowatt Hours	_____ x \$0.01024 per kWh = \$ _____
(Multiply the light wattage by 360 or pre-approved rate per month)	

SECTION 3 - Calculation to TOTAL	
3a. Total Remittance Due to the Vermont EEU (Total of Lines 2a through 2h)	\$ _____

SECTION 4 - CERTIFICATION			
Under penalties as provided by law, I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I further acknowledge the Fiscal Agent's authority to request additional supporting information as may be necessary.			
4a .	_____ Date	_____ Officer Name	_____ Officer Signature
			_____ Title
4b .	_____ Date	_____ Preparer Name	_____ Preparer Signature
			_____ Title
4c .	_____ Preparer Complete Mailing Address		
4d .	_____ Preparer Telephone	_____ Preparer Fax	_____ Preparer E-Mail Address

<p style="text-align: center;">SECTION 5 - PAYMENT INFORMATION</p> <p style="text-align: center;">Make Check Payable to "VEEU" and send with worksheet to:</p> <p style="text-align: center;">c/o VEIC, Fiscal Agent 20 Winooski Falls Way, 5th Floor Winooski, Vermont 05404</p> <p style="text-align: center;">Payment Method: Check Wire ACH Amount \$</p>	<p>Questions? Please Contact:</p> <p>Scott Charbonneau VEIC 20 Winooski Falls Way, 5th Floor Winooski, Vermont 05404 Phone (802) 540-7721 Email: scharbonneau@veic.org Website: veic.org</p>
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