



POLARIS[®]
OFF-ROAD VEHICLES

ORV SOURCEWELL REIMBURSEMENT FORM

Submit this form to receive your reimbursement for all ORV business sold using the Sourcewell Contract # 051717-PSI. Form must be submitted within 15 days of delivery of product to the Sourcewell member customer.

Dealer Name _____ Dealer Number 0 _____ 00

Dealer Contact _____ Dealer Phone # _____

Sold to Name (customer agency name corresponding to ID #): _____
Sourcewell/NJPA member ID # _____

REQUIRED (circle one): Which customer type best describes where the sold units will be used?

State Government

University/College

Local Municipality

School District

Non-Profit Organization

Other, please specify _____

| Check One | | | | Enter Serial Number | | | | | | | | | | | | | | | | |
|-----------|-----|-----|--------|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| RGR | ATV | RZR | BRUTUS | | | | | | | | | | | | | | | | | |
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