



SAMPLE AIR SEALING INVOICE

123 Street Name
City, State, Zip
Phone: 503.555.1234
Email: yourname@yourmail.com
Website: www.yourbusiness.com

Invoice Date:
Invoice Number:
Due Date:
Invoice Terms:

Participant Name:
Site Address:
City, State, Zip
Date of Install:

Required Attachments:
 Homeowner invoice marked "paid in full"
 Homeowner invoice submitted with Energy Trust Form 320ADS or Form 320U

Total Energy Trust of Oregon Incentive:

Shell Leakage Test and Air Sealing

Air Leakage Test Post-CFM₅₀:
Air Leakage Test Pre-CFM₅₀:
Air Leakage Test cost: \$

Air Sealing cost: \$
Incentive amount: \$
Leakage reduction: _____ CFM₅₀

If Air Leakage test only, please identify reason:

- Air Leakage pre-test determined that the MVL prohibited air sealing
- Participant declined air sealing
- Contractor made a reasonable effort to seal the house, but was unable to meet the minimum reduction standards
- Other

Minimum Ventilation Level Measurement (required before performing air sealing on all homes)

Ventilation Potential=CFM₅₀/N (if MVL is greater than Ventilation Potential, Mechanical Ventilation is required)

- MVL based on known occupancy _____ occupants x 15 CFM= _____
- MVL based on number of bedrooms (_____ bedrooms + 1) x 15 CFM= _____
- MVL based on ACH_{nat} and volume (.35 ACH_{nat} x _____ volume)/60= _____

Blower Door location _____ Blower Door make _____

Ventilation System (if approved mechanical ventilation strategy exists, MVL threshold may be waived.)

Note: Incentives will not be paid on a project when the MVL is < ventilation potential, unless an approved mechanical ventilation strategy exists.

- Continuous-rated fan with programmable timer
- Mechanical damper with 24-hour timer
- Other
- Participant was given Existing Homes notification of the MVL

Air Sealing Target Areas

Check area(s) where Air Sealing was performed:

- | | | | | |
|--------------------|---|---|---------------------------------------|---|
| Attic: | <input type="checkbox"/> Chases | <input type="checkbox"/> Chimney/flue | <input type="checkbox"/> Access doors | <input type="checkbox"/> Top plates |
| Knee Walls: | <input type="checkbox"/> Joist cavities | <input type="checkbox"/> Built-ins | <input type="checkbox"/> Access doors | <input type="checkbox"/> Hatches |
| Band Joist: | <input type="checkbox"/> Between floors | <input type="checkbox"/> Plumb/penetrations | <input type="checkbox"/> Basement | <input type="checkbox"/> Elec. penetrations |
| Exterior Walls: | <input type="checkbox"/> Chimney | <input type="checkbox"/> Penetrations | <input type="checkbox"/> Baseboards | <input type="checkbox"/> Sill plates |
| Underfloors/Crawl: | <input type="checkbox"/> Chases | <input type="checkbox"/> Plumb/penetrations | <input type="checkbox"/> Access doors | <input type="checkbox"/> Elec. penetrations |
| Windows and Doors: | <input type="checkbox"/> Window trim | <input type="checkbox"/> Weatherstripping | <input type="checkbox"/> Door sweeps | <input type="checkbox"/> Basement windows |

Please list other area(s), if applicable: _____

Energy Trust requires all information listed on this form to process incentives. Legible, handwritten invoices are acceptable. **Please make sure that all pertinent forms and paperwork are submitted together.**

Completed invoices and required forms can be submitted in the following ways:

Mail: Existing Homes; Attn: Incentive Processing; P.O. Box 40508, Portland, OR 97240

Fax: 1.866.516.7592; Attn: Incentive Processing

Email: hesforms@energytrust.org

Checklist for Air Sealing Incentives and Invoice Requirements

Energy Trust's Existing Homes program requires participants applying for incentives to submit a paid installation invoice, which specifies incentive details. All items listed below are required—along with the information on the front of this document—for incentive processing.

- Contractor contact information
 - Installer name
 - Company address
 - Company phone
- Contractor/installer CCB# (not required for Energy Trust trade allies)
- Date of installation (all applications must be received within 90 days of installation date)
- Homeowner invoice marked "paid in full" (billing address must match Form 320ADS or Form 320U)
- Homeowner contact information
 - Homeowner name
 - Address
 - Phone number
 - Billing address (if different than residential address)
- Completed Form 320ADS or Form 320U attached
 - Homeowner billing information
 - Specify mailing address for incentive payment
 - Contractor and homeowner signatures agreeing to Terms and Conditions
- Air Leakage and Sealing test results
 - Pre-CFM₅₀ results
 - Post-CFM₅₀ results
 - Total CFM₅₀ reduction
 - Costs
 - MVL calculations
- Air Leakage test-only reasons
 - Air Leakage pre-test determined that the MVL prohibited air sealing
 - Participant declined air sealing
 - Contractor made a reasonable effort to seal the house, but was unable to meet the minimum reduction standards
 - Other
- Completed Air Sealing target area chart
- Incentive amount requested—see www.energytrust.org for current incentive amounts

This sample invoice is to be used as a guideline in accordance to the new Existing Homes incentive structure, effective January 1, 2011. A complete list of the incentive changes is available www.energytrust.org/ta. All invoices must be submitted on your company's letterhead.