

Brilliance by Design

**Sales Spiff Program Claim Form**

510-252-0200 ph

510-252-1389 fx

[www.mylumens.com](http://www.mylumens.com)

**Required Documents for Processing:**

1. Please email this claim form to: hurley@mylumens.com

2. Submit one claim form per month, per sales rep.

3. Submit claim form for the last month's invoices **by 15th** of the current month.

3. Please allow two weeks for processing. Incomplete forms will not be processed.

4. Submit **your W9 Form** if this is your first spiff claim of the year.

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

Name of sales rep \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligible Products: Please check document **“Eligible Products – Lumens SPIFF Program.pdf”**

Program Period: Jan. 1, 2024 to March 31, 2024

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| **PO No. to Lumens** | **End Username** | **State** | **Product** | **Q'ty** | **Spiff Amount** |
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Submit by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_