pennsylvania
LIQUOR CONTROL BOARD

Request for Manufacturer's Rebate Offer

Instructions:

1. Each brand must be submitted on a separate form
2. Original coupons must be attached
3. Must be submitted **sixty (60) days prior** to requested starting date
4. E-mail completed form and attachments to ra-lbconsumeroffers@pa.gov

Requested starting month:_____ Expiration date:_____

Vendor of record for product: _____

Company submitting form:_____

Contact person: _____ Telephone: _____

Rebate start date:_____ Rebate expiration date:_____

Clearing House Name & Address:_____

_____

_____

LIST ALL CODES INCLUDED IN THIS REBATE PROGRAM BELOW

CODE	BRAND	SIZE	MATERIAL

Bureau of Product Management
217 Northwest Office Building | Harrisburg, PA 17124 | ra-lbconsumeroffers@pa.gov | lcb.state.pa.us