



Summary Page

Rider Name to benefit: _____ Peloton Name to benefit: _____

Company Name: _____ Contact Name: _____

Date: _____ Contact Email: _____ Contact Phone #: _____

Total # of Submitted Receipts: _____ (The total number of receipts enclosed)

Total \$ Amount in Orders: _____ (The sum of all receipt totals)

10% of Total \$ Amount: _____ (The Total \$ Amount x 0.10; this will be the total donation your Peloton or Rider will receive)

PLEASE SEND THIS COMPLETED SUMMARY PAGE WITH ALL RECEIPTS BY SEPTEMBER 30, 2016 TO: LIZ FIORINO, REGIONAL MARKETING DIRECTOR, COVELLI ENTERPRISES, 6693 SAWMILL ROAD, DUBLIN, OH 43017 OR YOU MAY SCAN AND EMAIL THIS PAGE WITH ALL RECEIPTS TO LIZ.FIORINO@COVELLI.COM. SEE COVELLI.COM/PELTONIA FOR MORE INFORMATION.

Orders: (Include the below information for each submitted receipt)

	Order Date	Order \$ Amount	First & Last Name of Order Placer	Email Address of Order Placer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Note: If you are submitting more than 10 receipts at a time, simply print another Summary Page and attach it to this sheet.