



P.O. Box 357 • Kalida, OH 45853

Co-op Marketing Reimbursement Form

Please complete this form online, print and mail with tearsheets for reimbursement consideration. Depending on your version of Acrobat, you may be able to save to your computer

OFFICE USE ONLY

Ref. #
Date Received:
Approved Amount:
Approved By:

Customer Number:	Date Completed:	Telephone:
Customer Name:	Fax:	
Address:	NOTE: Please include ALL Original Tear-Sheets, Scripts and Invoices when submitting this form for credit. All and any co-op credit requests not submitted with proper documentation, tear-sheets and invoices will be returned. A merchandise only credit will be issued.	
Contact Person:		

Ad Title / Product	Date Ran	Name of Publication / Broadcast Station	Amount of Space / Time used for Unverferth Product(s)	Total Cost for Unverferth Products	Co-op Percent Requested	Co-op \$ Amount Requested	Co-op Amount Awarded <u>Office use Only</u>	Code <u>Office use Only</u>
TOTALS								

When submitting for co-op reimbursement, please mail completed form and all documentation to: Unverferth Mfg. • P.O. Box 357, Kalida, Ohio 45853

Form Prepared By: _____

Signature: _____