



Co-Op Reimbursement Claim Form

Date: ____ / ____ / ____

Name of Person Submitting Claim: _____

Dealership Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Explanation of Advertising/Promotional Run: _____

Paid Invoice Totals Submitted: \$ _____

ATTACH THE FOLLOWING:

- Copy of Ad (must have been previously approved)
- Copy of Paid Invoice

OFFICE USE ONLY

Amount Credited to Account: \$ _____

Date Credited: ____ / ____ / ____

Remaining Balance: \$ _____