



Co-op Reimbursement Request

Agency Name: _____ Agency Code: _____

Agency Advertising Contact: _____ Regional Sales Mgr: _____

Date Submitted: _____

Please photocopy this form or request copies from coopad@wbmi.com.

Please combine multiple requests on one form.

Where Advertised	Run Date(s)	Total Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Total Advertising Cost = _____
(Add items 1-7)

IMPORTANT! CRITICAL INFORMATION

- Reimbursement requests must be submitted within 90 days after the date of the invoice. Requests submitted after 90 days are not eligible for reimbursement and will not be processed.
- Reimbursement requests received without required documentation will be returned with a request for the correct documentation.
- West Bend reserves the right to reject reimbursement requests for advertising that does not follow guidelines.
- A Co-op Fund Request for your agency must be on file to qualify for reimbursement. If you do not have one on file, please ask your West Bend regional sales manager to submit one to coopad@wbmi.com.
- All co-op reimbursement requests must be submitted to West Bend no later than January 7.

REMEMBER TO INCLUDE:

- Copy of invoice(s)
- Tear-sheet, print screen, or affidavit of performance of each ad
- Sample, photo, or copy of promotional item

SUBMIT

HOME OFFICE USE ONLY

\$ _____ Amount to be Reimbursed ☐ Not Approved – Reason: _____

Misc.	Co-Op Advertising	604500	32-3220	_____	_____
Budget Category	Major Acct. Name	Major Acct. No.	Div./Cost Center	Approved By	Date

Ledger Description _____