Marketing Fund Request (Promotions,Advertising, Burn Program)

* *

DATE: _____
SUBJECT: InfraSave. MARKETING FUND EXPENSE REIMBURSEMENT
REP FRIM: _____
REGION: _____
CUSTOMER: _____
ADDRESS: _____
ACCOUNT NO.

Promotion ☐ Co-op ☐ Burn Program ☐

EXPENSE DESCRIPTION				
Expense/Event Description/Product model	**Date**	**Total Cost**	**InfraSave Cost**	**InfraSave %**

COMMENTS

APPROVALS	
Requested by:RM/Rep _____	Date: _____
Schwank NSM:	Date:

Submit all invoices at once. Only one reimbursement will be made per single request. All advertising requests must be accompanied by copies of the advertisements and copies of invoices. No claims will be processed without proper documentation.