

Retailer Co-op Ad Program Reimbursement Form

Retailer Information

Retailer Name

Store ID/Number

Address

City

State

ZIP Code

Contact Information

Contact Person

Phone Number

Email

Ad Program Details

Type of Ad/Promotion

Start Date

End Date

Description

Reimbursement Details

Expense Description	Vendor	Invoice #	Invoice Date	Amount
Total Amount				

Notes/Comments

Certification

Signature

Date