



Cost Sharing Reimbursement Request Form

Complete, sign, and return this form along with original receipts for reimbursement. See Sales Tools section of the Policies & Procedures tab in your Resource Manual for details of Renk Seed’s cost sharing program.

Please note that all advertising, Renk Seed name or logo usage needs to be **pre-approved** to qualify for cost sharing.

Dealer Name: _____ Dealer Code: _____

ADVERTISING Amount of Reimbursement Requested: \$ _____

Attach a copy of the ad to this form.

- Radio
- Print Ad
- Other (describe) _____

EVENTS Amount of Reimbursement Requested: \$ _____

Attach a list of attendees to this form.

- Customer Appreciation Date: _____ # of Guests: _____
- Field Day Date: _____ # of Guests: _____
- Seed Pick Up Date: _____ # of Guests: _____
- Other (describe below) Date: _____ # of Guests: _____

REIMBURSEMENT PREFERENCE (select one)

- Please send me a check
- Apply to my account

APPROVED FOR SUBMISSION:

District Manager Signature: _____ Date: _____

All advertising cost sharing requests must go to the DSM before being sent to the Renk Seed office.

Request for reimbursement must be submitted in the growing season that the advertising/event took place. Requests placed after that will not be honored.

For Office Use Only
Approve: _____