



Cost Sharing Reimbursement Request Form

Complete, sign, and return this form along with original receipts for reimbursement. See 50/50 Marketing Tools section of the Policies & Procedures tab in your Resource Manual for details.

All advertising, Renk Seed name or logo usage must be **pre-approved** to qualify.

Dealer Name: _____ **Dealer Code:** _____

ADVERTISING **Amount of Reimbursement Requested: \$** _____

Attach a copy of the ad to this form or email it.

- ☐ Radio
- ☐ Print Ad
- ☐ Other (describe) _____

EVENTS **Amount of Reimbursement Requested: \$** _____

Attach a list of attendees to this form.

- | | | |
|---|-------------|--------------------|
| <input type="checkbox"/> Customer Appreciation | Date: _____ | # of Guests: _____ |
| <input type="checkbox"/> Field Day | Date: _____ | # of Guests: _____ |
| <input type="checkbox"/> Seed Pick Up | Date: _____ | # of Guests: _____ |
| <input type="checkbox"/> 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: _____