



**USPS**  
**Marketing and Public Relations Committee**  
**Cooperative Advertising - Request for Reimbursement**

District \_\_\_\_\_ Allocation \_\_\_\_\_ Date \_\_\_\_\_  
 Squadron \_\_\_\_\_  
 S/PRO \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Cost \_\_\_\_\_

Attach the following to this cover sheet and give to your District PRO

\_\_\_\_ Full Description of project activity \_\_\_\_ Samples, photos, proof of advertising  
 \_\_\_\_ Proof of payment (Receipts, canceled checks, paid invoices)

**D/PRO FILL OUT THIS SECTION**

Headquarters will send payment to District Treasurer  
**D/PRO D/Treasurer**

Name _____	Name _____
Address _____	Address _____
City/St/Zip _____	City/St/Zip _____
Phone _____	Phone _____
E-mail _____	E-mail _____

**Checklist - D/PRO - Coop Guidelines - Read for Eligible Projects N/PR/Com**

\_\_\_\_ Activity description, program, advertising approved per district plan \_\_\_\_\_  
 \_\_\_\_ Receipts, invoices, proof of payment attached \_\_\_\_\_  
 \_\_\_\_ Samples, photos, proof of advertising attached \_\_\_\_\_

**Fill in Amounts**

\_\_\_\_ Amount spent by district or squadron this claim \_\_\_\_\_  
 \_\_\_\_ Amount eligible for claim \_\_\_\_\_  
 \_\_\_\_ 50% of eligible amount approved for payment \_\_\_\_\_

Notes \_\_\_\_\_

**I have reviewed this claim and certify that it COMPLIES with guidelines.**

**D/PRO** \_\_\_\_\_

**Date** \_\_\_\_\_

**N/PR/Com** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE PRINT FORM AND MAIL before deadlines, Mar 15, Jul 15 & Oct 15/**

**D/PRO Mail to:** P/D/C DENISE C. SAMU. AP, National Cooperative Advertising Coordinator  
 35239 ERIE DRIVE, BROWNSTOWN, MI 48173  
 H: 734.379.3865 B: 586.665.7611 [denisesamu@comcast.net](mailto:denisesamu@comcast.net)