

CLAIM #: _____ [FOR OFFICE USE ONLY]

DEALER NAME: _____

CONTACT NAME: _____

2022

CO-OP CLAIM FORM

DATE	DESCRIPTION	TOTAL COST	REQUESTED CO-OP AMOUNT	APPROVED CO-OP AMOUNT <small>[FOR OFFICE USE ONLY]</small>
		TOTAL:		

REMINDER:

- Include documentation: Copies of invoices and ad [if applicable].
- Submit claims within 90 days of the advertisement or event date.
- For merchandise/promotional items: A detailed description of the item[s] is needed, including size, quantity, and color [if applicable].

REMIT TO: mredlinger@bazookafarmstar.com
aharvey@bazookafarmstar.com

AUTHORIZED SIGNATURE: _____ **DATE:** _____

All approved claims will be reimbursed within 30 days of submission.

