



Dealer Marketing Fund (DMF) Claim Form

Please include with this claim form, all applicable tear sheets, run times, and notarized bills. If this back up material is not provided, the claim will not be processed and credit will not be issued. If you are requesting 50% reimbursement, please indicate this by putting the requested 50% dollar amount under the "Request for 50% Co-op Reimbursement" section. If you are requesting 100% reimbursement, please indicate this by putting the requested 100% dollar amount under the "Request for 100% Co-op Reimbursement" section.

Date: _____

TM Name		TM Salesman #		Branch #	
TM Region	<input type="checkbox"/> Central: 0010058167 <input type="checkbox"/> South: 0010058731 <input type="checkbox"/> Southeast: 0010064107 <input type="checkbox"/> West: 0010058730				

Dealer Name	Customer # (Completed by TM)
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Claim Information

Invoice Date	Description of Invoice	Invoice Total	Request for 25% Co-op Reimbursement	Request for 50% Co-op Reimbursement	Request for 100% Co-op Reimbursement
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	TOTAL DMF CLAIM REQUEST	\$	\$	\$	\$

Complete in full and return all supporting documentation to:
Lynette Crabtree at lcrabtree@masupplycompany.com.