Pride of New York "Buy Local" Specialty Crop Cooperative Advertising Program Member Reimbursement Claim Form



Member Name:	Telephone:
Business Name:	E-Mail:
Address:	Federal ID #/ Social Security #:(Needed for reimbursement purposes.)
City:	
State: Zip:	Fax:

Pre-Negotiated and/or Custom-Built Television Buy	Station Selected	Invoice Number	Station Total NET Cost (Commission charges are not allowed.)	Allowable Amount of Cooperative Funding	Total Amount Requested for Reimbursement
			\$		\$
			\$		\$
			\$		\$
Pre-Negotiated and/or Custom-Built Radio Buy	Station Selected	Invoice Number	Station Total NET Cost (Commission charges are not allowed.)	Allowable Amount of Cooperative Funding	Total Amount Requested for Reimbursement
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Print Buy	Publication Selected	Invoice Number	Publication	Allowable Amount of	Total Amount Requested			
T Till Buy	T ublication octobed	invoice (valide)	Total NET Cost (Commission charges are not allowed.)	Cooperative Funding	for Reimbursement			
			\$		\$			
			\$		\$			
			\$		\$			
			\$		\$			
Point of Purchase and Promotional Items	Company Selected	Invoice Number	Total NET Cost (Commission charges are not allowed.)	Allowable Amount of Cooperative Funding	Total Amount Requested for Reimbursement			
			\$		\$			
			\$		\$			
			\$		\$			
			\$		\$			
Total Reimbursement Amount Due: \$ I certify that the above is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and the taxes from which the State is exempt are excluded: Signature Date								
Pride of New York Progr	ram, Attn: Sue Santamari	na, 10B Airline Drive, A	nd proof of performance to: lbany, NY 12235. h the advertising was placed	l.				
Approved by:	Date:							