

# Claim Form—Co-op Marketing Allowance

DISTRIBUTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

YOUR NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

LUTRON SALESPERSON \_\_\_\_\_

**P**lease indicate the type of activity for which you are requesting co-op funding:

- Premium
- Trade Show
- P.O.P. Material
- Counter Day
- Display\*
- Open House
- Advertising \_\_\_\_\_
- Other \_\_\_\_\_

\*Reimbursement on displays limited to 1/2 of available funds

## Office Use Only

Account Number \_\_\_\_\_

Rep Number \_\_\_\_\_

PO Number \_\_\_\_\_

Date Received Claim \_\_\_\_\_

Year Code \_\_\_\_\_

Co-op Funds Available for Use:

(1) Co-op Allow \$ \_\_\_\_\_

Comm. Code = OTH

Sales Affected = N

Okay to Process

Reason for Credit \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Credit Memo Code #: 06

Account #: 01-02-00-200-55-000-002

Date \_\_\_\_\_

## Expenditure Summary

Date(s) of Activity	Description of Activity/Premium	Unit Cost	Total Cost

Submit this form, along with invoice(s) copy and supporting documentation:

**CO-OP MARKETING PROGRAM COORDINATOR**  
**Lutron Electronics**  
**7200 Suter Road**  
**Coopersburg, PA 18036-1299**

TOTAL EXPENDITURE \_\_\_\_\_

LESS AMOUNT PRORATED TO OTHER MANUFACTURER \_\_\_\_\_

NET AMOUNT OF EXPENDITURE \_\_\_\_\_

TOTAL REIMBURSEMENT \_\_\_\_\_  
 (Maximum of 50% of Net Amount)