



CO-OP ADVERTISING CLAIM FORM

Ref. #: 2743

CONTRACTOR INFORMATION:

INSTRUCTIONS:

- Print your name, address and phone in the box to the left.
- List the name of the media expense, advertising date(s) and total dollar amount before co-op.
- Attach all required invoices, tear sheets or other applicable documentation for each item.
- Retain the bottom copy for your records and mail the claim to Gerard at the address below.

ITEM	DESCRIPTION	TOTALS
1		
2		
3		
4		
5		
6		
7		
8		

COMMENTS:

GRAND TOTAL

MAIL TO:

GERARD ROOFING TECHNOLOGIES
 955 Columbia Street
 Brea, CA 92821-2923
 ATTN: Co-op Advertising

GERARD USE ONLY

50% CO-OP \$ _____
GERARD GOLD CERTIFICATE # _____
APPROVED BY _____ DATE _____