



## CO-OP Reimbursement Form

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Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_

.....

Billboards/Signage: *Submit Proof of advertising and a copy of invoice with form*

Description

Amount

\_\_\_\_\_

\_\_\_\_\_

Social Media Ads: *Submit Proof of advertising and copy of invoice with form*

Description

Amount

\_\_\_\_\_

\_\_\_\_\_

Print Ads: *Submit clipped copy of ad(s) and copy of invoice with form*

Description

Amount

\_\_\_\_\_

\_\_\_\_\_

**Submissions must be received at Iowa River Mutual no later than December 1<sup>st</sup>**

**Please scan and email all documents in one file**

**Return Completed form and documentation to:**

**Iowa River Mutual, 1515 Edgington Ave, Eldora IA 50627**

**Email: [cbrown@iowarivermutual.com](mailto:cbrown@iowarivermutual.com) and [jtitus@iowarivermutual.com](mailto:jtitus@iowarivermutual.com)**