



CO-OP Reimbursement Form

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Date: _____

Agency Name: _____

Phone Number: _____

Email Address: _____

Submitted by: _____

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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 20th
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: cmelberg@iowarivermutual.com and jtitus@iowarivermutual.com