

Claim Form—Co-op Marketing Allowance

DISTRIBUTOR NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

YOUR NAME _____

SIGNATURE _____

LUTRON SALESPERSON _____

Please 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)