

# Co-op Improvement campaign

## Reimbursement Claim Form



### Grand Council of Indiana

#### Co-Op Council Improvement campaign

This form must accompany all co-op requests submitted to Grand Council of Indiana (Attn: Grand Recorder.) via mail to address at lower right or to [rigrrec@ingccm.org](mailto:rigrrec@ingccm.org) for approval at least 30 days in advance of the scheduled improvement effort. The individual council will be eligible to receive a maximum of \$250.00 in co-op matching funds for \$500.00 or more spent on improving the council. The actual expenses are reported and presented on the claim form following the effort. Improvement efforts AND claims must occur prior to December 31<sup>st</sup> of the year requested to be eligible. Reimbursement will occur on a first come/first serve basis until \$10,000 co-op budget is depleted. Each Council may only participate once per year.

Council Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Improvements:**      **Props**      **Costumes**      **Regalia**      **Other**

Description of what you're doing and when:

**Total Estimated Improvement Effort Costs (must be included):** \_\_\_\_\_

Illustrious Master Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**

Grand Council of Indiana: \_\_\_\_\_ Date: \_\_\_\_\_