

Co-op Improvement campaign

Reimbursement Claim Form



Grand Council of Indiana

Co-Op Council Improvement campaign

This form must be submitted to Grand Council of Indiana (Attn: Grand Recorder) via mail to address at lower right or to rigrrec@ingccm.org within 60 days of public relations effort completion or 60 days of invoice date. 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. Improvement efforts AND claims must occur prior to December 31st 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: _____

Total **Pre-Approved** Campaign Costs Submitted: \$ _____

Please Include the Following Proof of Improvement Efforts:

- Photo of items purchased or improved.
- Receipts for any qualifying purchases
- Original PAID invoice(s) substantiating effort.

Illustrious Master Signature: _____ Date: _____

Contact Signature: _____ Date: _____

Approved
Grand Council of Indiana: _____ Date: _____