**CHC Marketing Reimbursement**

Compass Health Consultants will reimburse for certain marketing expenses. These expenses include,

* Marketing materials (required to include CHC logo and/or name)
* Advertising to bring in additional business (required to include CHC logo and/or name)
* Chamber of Commerce & BNI memberships
* Leads purchased outside of CHC
* Recruiting leads/programs outside of CHC (required to include the ad)
* Non-Resident licenses (only initial licenses, does not include renewals)
* Postage, mailers
* Business cards

CHC will reimburse 50% of the marketing expenses outlined above. We will deduct 50% from your marketing money and 50% will be paid out to you by payroll. Reimbursements will be paid out on the 23rd of each month. Please fill out the marketing reimbursement form and email the form and copies of all receipts to billing@chcquotes.com.

**FILL OUT FORM ON NEXT PAGE**

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MARKETING

REIMBURSEMENT

FORM

All reimbursements must be submitted by the last day of each month.
Please send form with copies of receipts to **billing@chcquotes.com**

**Agent/Business Name:**

**Date Submitted: Total Amount Spent:**

**Expense Description:**

**Outline of Expenses**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligible expenses for reimbursement include**: Marketing materials (Include CHC Logo or name), Advertising to bring additional business (include CHC logo or name), Leads purchased outside CHC, Chamber & BNI Memberships, New Non-Resident Licenses (No renewals), Recruiting leads/programs outside CHC, Office Rent (ONLY for actively recruiting leaders)

**PLEASE SCAN AND SEND COPIES OF RECEIPTS WITH THIS DOCUMENT**

**FOR INTERNAL USE ONLY:**

**Placement Rate: \_\_\_\_\_\_\_\_\_\_\_ Reimbursed On: \_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_**