

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) . REIMBURSEMENTS MUST BE SUBMITTED BY THE END OF THE MONTH FOR THAT MONTHS REIMBURSEMENTS. WE WILL NOT REIMBURSE PRIOR MONTHS.

PLEASE SCAN AND SEND COPIES OF RECEIPTS WITH THIS DOCUMENT.

FOR INTERNAL USE ONLY:

Reimbursed On:

Placement Rate:

Amount Paid:

