



# REIMBURSEMENT REQUEST FORM

Use this form to be reimbursed for expenses allowed within the Dealer Dollars policy guidelines, non-barcoded coupons and vouchers, and allowed meeting/seminar reimbursements. Include all pertinent documentation - paid invoices, ad copy, coupons, etc. Use multiple forms if necessary. Reimbursement may be delayed for incomplete forms or submissions missing required documentation. Maintain a copy of submission for your records. Please allow for 4-6 weeks from time of receipt for processing.

Date \_\_\_\_\_ Territory Sales Manager \_\_\_\_\_  
 Customer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Dealer # (Midwest) \_\_\_\_\_  
 - OR -  
 Marketing # (East) \_\_\_\_\_  
 Check if Canadian Dealer/Retailer Direct   
 Plant \_\_\_\_\_

Item Description	Qty	Value/Ea	Total Value	% To Pay	Total Item Reimbursement	Internal Use GL/ADV ID Code

**Total Co-op and Coupon/Voucher Payment:**

Meeting/Seminar Description	Attendance	Cost/Ea	Total Cost	%/ \$ to Pay	Total Event Reimbursement	Internal Use GL/ADV ID Code

**Total Meeting/Seminar Payment:**

**Mail this form and all required documentation to:**  
 Kent Nutrition Group • Attn: Reimbursements  
 PO Box 749 • Muscatine, IA 52761

**TOTAL REIMBURSEMENT**

**FOR INTERNAL USE ONLY**

Check/ACH Message \_\_\_\_\_  
 Special Handle Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 Date Approved \_\_\_\_\_  
 Approved By \_\_\_\_\_

LOC	GL#	AMOUNT