



2023 Dealer Co-op Fund Claim Form

Company Name: _____ Acct #: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Fax: _____

Email: _____

Ferguson HVAC Territory Manager: _____

Submitted By: _____ Date: _____

Use of Co-Op Funds

- Direct Mail
- Home Shows
- Logo'd Merchandise
- Other _____
- Store Signage
- Newspaper Ads
- Internet / Website
- Uniforms
- Other Ads
- Vehicle Signage

Describe the specific activity/item(s) for which you are requesting Co-Op fund reimbursement, as well as how this expenditure will help increase Ruud product sales:

Date	Vendor Name & Invoice #	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach all receipts or paid invoices and back-up (print outs, pictures, copies of ads, etc.) to this form.

Total _____

Sales Manager Signature _____ Amount Requested from Co-op fund _____

Amount credited - credit will be issued based upon your available co-op balance. _____

Director Signature _____ Credit Memo# _____

For Ferguson HVAC Use Only: Debit Memo# _____

