



# Co-Op Claim Form

## Marketing and Advertising

Co-Op Tracking #

Distributor Name: RS&I Distributor OE#: 1024

Retailer Name: \_\_\_\_\_ Retailer OE#: \_\_\_\_\_

Advertising Vendor: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Invoice Cost \$ \_\_\_\_\_

Advertising Medium: \_\_\_\_\_ Adv Qtr: \_\_\_\_\_ Start Date: \_\_\_\_\_ (-) Ineligible \$ \_\_\_\_\_

Distributor Claim #: \_\_\_\_\_ Status: \_\_\_\_\_ Reimbursement \$ \_\_\_\_\_

**Please ensure the following documentation is included with your claim submission.**

- 1) Completed Co-Op Reimbursement Claim Form for each Vendor Invoice
- 2) Original, Detailed Vendor Invoice — showing paid in full or zero balance due
- 3) Co-Op Pre-approval Form signed and dated by Marketing, with all attachments
- 4) Original Production Ad copy, scripts, contracts and photos as required

**Review the Co-Op Guidelines for specific documentation requirement details by media type.**

*Retailers are responsible to ensure that ad copy, placement, color, disclaimers, and all facets of their advertising are in compliance with Co-Op Guidelines, including full payment to the vendor, prior to claim submission.*

**Please send claims to one of the following addresses:****USPS**

RS&I, Inc.  
Attn: Co-Op Department  
P.O. Box 1587  
Idaho Falls, ID 83403

**UPS / FedEx**

RS&I, Inc.  
Attn: Co-Op Department  
2436 N. Woodruff Avenue  
Idaho Falls, ID 83401

**Tips for processing your claim:**

- Claims submitted without proper documentation will not be reimbursed
- Multiple claims for the same advertisement will not be accepted
- Claims must be submitted and postmarked no later than 45 days after the end of the quarter in which the advertising took place  
(Q1 - May 15, Q2 - August 15, Q3 - November 15, Q4 - February 15)
- Retailers should keep a copy of claims and supporting paperwork

RS&I Retailer #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Email: \_\_\_\_\_

Notes:

For RS&amp;I Administrative Use Only — Do not write in this space

**Retail Services Use Only:**

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Initial: \_\_\_\_\_

DISH Network Notes: