



Name of Manufacturer \_\_\_\_\_

## Print, Radio and Television Advertising Claim and Advertising Reconciliation Form

Warehouse Distributor \_\_\_\_\_

Address/City/State \_\_\_\_\_

Date of Claim \_\_\_\_\_ Advertising Claim # \_\_\_\_\_

Preparer's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

We submit the following advertising claim with attached proof of advertising and documentation of costs as requested by this manufacturer. I hereby certify that the information stated here is accurate.

Signature \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### Manufacturer to complete (A), (B) and (C). Note: (A)-(B)=(C)

After completion, please mail a copy back to the Warehouse Distributor

- (A) Current advertising allowance balance \$ \_\_\_\_\_
- (B) Amount of credit allowed for this claim < \$ \_\_\_\_\_ >
- (C) New advertising allowance balance \$ \_\_\_\_\_ as of \_\_\_\_\_, 19\_\_

Date claim processed, \_\_\_\_\_ claim processed by \_\_\_\_\_

### Warehouse Distributor to complete (D) and (E)

(D) Manufacturer's percentage of the total ad space

(E) Advertising percentage amount to be paid by the Manufacturer: i.e. 100% or 50/50

Ad #	Ad Date	Media Name & Type <small>(Newspaper, Magazine, Direct Mail, Catalog, Radio or Television)</small>	Ad Size	Rate	Total Cost	(D)	(E)	Total Claim
1					\$	%	%	\$
2					\$	%	%	\$
3					\$	%	%	\$
4					\$	%	%	\$
5					\$	%	%	\$
6					\$	%	%	\$

**Total claim this form \$**

Comments/Explanation: \_\_\_\_\_

\_\_\_\_\_