

Chevron Retirees Association
Support for Local Copying and/or Mailing of *ENCORE*

To: Pat Branson
 CRA Treasurer
 109 Creekview Lane
 Crandall TX 75114

Name of Chapter: _____
Officer Submitting: _____ **Officer's Position:** _____

This reimbursement request is for Quarterly Semi-Annual Annual distribution and mailing of *Encore*.

This period we made _____ copies of ***Encore*** for local distribution.
 Our cost per copy was _____
 (**Note:** maximum reimbursement for copy cost is _____ per copy - _____ pages)

And/Or

We mailed _____ copies of ***Encore*** to members **without Internet access at home**.
 Our postage cost per copy was _____
 (**Note:** The maximum reimbursement for postage is _____ per copy.)

Summary of Reimbursement

Copying: Total copies _____ X _____ = _____
Mailing: Total copies _____ X _____ = _____
Total Reimbursement Requested: = _____

(Attach receipts for expenses of \$25 or more for out-of-pocket copy work or postage)

Make Check Payable to: _____

Send Check To:

Name: _____

Address: _____

City, State, Zip: _____

 Signature – Chapter President

 Date

Check # _____ Date Paid _____