

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 @ _____ cost per copy.
(**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.)

Mailing Materials - (Envelopes and/or mailing labels) @ _____ per copy.

(**Note:** maximum reimbursement for mailing materials is _____ per copy)

Summary of Reimbursement

Copying: Total copies _____ **X** _____ = _____

Mailing: Total copies _____ **X** _____ = _____

Materials: 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 _____