

**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 \_\_\_\_\_