

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 distribution and mailing of <i>Encore</i>.	Quarterly	Semi-Annual	Annual
This period we made _____ copies of <i>Encore</i> for local distribution @ _____ cost per copy. (Note: maximum reimbursement for copy cost is _____ per copy - _____ pages)			
And/Or			
We mailed _____ copies of <i>Encore</i> 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 _____