



MAKE MINE MISSISSIPPI

COOPERATIVE PROMOTIONS FUND

CLAIM FORM

Company: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Activity Description:

Expense:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Total Amount of Expenses: _____

Total Amount of Claim (Expenses ÷ 2): _____

Amount of Allocation (*office use only*):

Check-List

- Did you include an invoice and proof of payment for each activity?**
- Did you enclose a photograph of your booth space with *Make Mine Mississippi* signage or a sample of the marketing activity you are claiming?**
- Did you fill out and include the evaluation?**

I hereby certify that the enclosed information is true and correct:

Signed: _____ **Date:** _____

<p><i>Please return to:</i> MARKET DEVELOPMENT DIVISION MISSISSIPPI DEPARTMENT OF AGRICULTURE & COMMERCE POST OFFICE BOX 1609 JACKSON, MS 39215-1609</p>	<p>For Office Use</p> <p>Approved _____</p> <p>Original Allocation ____ Amount _____</p> <p>Reallocation ____ Amount _____</p> <p>Date _____</p>
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