

MARKETING FUNDS REQUEST FORM



1. CONTACT DETAILS

Producer Name:

First name M.I. Last name

Producer Number:

Company Name: _____

Telephone: _____

Membership level (check one)

Diamond Platinum Gold

2. PROJECT SUMMARY

Please provide the project name, a clear and brief project description and the specific purpose for the funding request. This section must clearly summarize the entire project, its intent and purpose. It must also follow the Marketing Fund Program guidelines. Please refer to the Marketing Fund Program Conditions for specific details.

3. FUNDING REQUEST

Bupa will refund 50% of the cost of the event up to the producer's available Marketing Fund (MF) account.

Total Cost \$ _____
Producer contribution (50%) \$ _____
MF (50%) \$ _____

4. DOCUMENTATION

Please be sure to attach all necessary and supporting documentation – invoices, receipt of payment, proof of event, etc. Marketing Funds will not be released without proper documentation.

Requested by: _____
(Producer)

Date: _____
MM/DD/YYYY

SUBMIT

TO BE COMPLETED BY COMPANY ONLY

Payment amount: _____

Approved by: _____

Signature _____

Date: _____