

## 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 \_\_\_\_\_