Chevron Retirees Association
Support for Local Copying and/or Mailing of *ENCORE*

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Name of Chapter: _____

Officer Submitting: _____ **Officer's Position:** _____

This request is for a Quarterly ☐ Semi-Annual ☐ Annual ☐ reimbursement for the 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 $ 0.51 per copy - $0.034x15 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 $ 0.98 per copy.)
I purchased Materials for _____ copies– (Envelopes, mailing labels,etc.) @ _____ per copy.
(**Note:** maximum reimbursement for mailing materials is $ 0.25 /copy and # copies mailed)

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_____ **Budget Review** _____ Initials - Date

CRA 150
09/15/25