



EVERGY TRADE ALLY

Co-Op Claims Form

Submit supporting documents such as paid receipts or invoices for advertising. Claim form must be submitted by **December 1, 2019**, to receive funds.

Company Name:		Contact Name:	
Street Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	

Matching funds requested: \$	(50% of total cost, up to \$4,000 for TV, billboard or radio, \$2,000 for all other advertising)
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I acknowledge and agree that requesting and/or receiving confirmation that funds have been reserved for my planned advertising does not guarantee that I will receive co-op advertising funds, and that all other conditions must be met with respect to acceptable run dates and verification documentation to receive reimbursement.

Authorized Company Representative:
Title:
Date:
Signature:

Please complete this form and email it to **residentialrebates@evergy.com**.