

## **MDF Claim Form**

Partner Information						
Company Name: Contact Name: Contact Email:			Date: Job Title: Contact Phone:			
			Type of MDI	Activity		
	Advertising		Event			Other
			Proof of Performa	ance Attached		
	Copy of Invoice Ad Copy Other:		Product Collateral Expense Receipts			Event/Trade dhow Booth Photos Copy of Email/Direct Mail Sent
<b>Details</b>						
Summary of Completed Marketing Activity (Include date of Activity):						
Assessment of Activity – would you do it again? Why/Why Not?:						
MDF Claim Amount:						
		Co	nfirmation of MDF	Claim Submissi	ion_	
All claims are reviewed and audited for compliance and completeness before VTech processes them for reimbursement. You will receive an email from your ICAM once their claim has been reviewed. If additional information is needed it will be requested at that time; otherwise you will be notified that your claim has been submitted for payment. Payments will be by check and sent out within 30 days from receipt of the approval email.						
Partner Si	gnature					Date
Date of O	riginal MDF Approval					Pre-Approved Amount