

## MEDIA CO-OP SUBMISSION FORM & CHECKLIST

**Thank you** for submitting your reimbursement request. Before submitting your request, please complete the form below. Incomplete submissions may result in delay, or possible denial, of your reimbursement request.



**Name of Media\***

**Invoice(s) Total**

\$

Account Name \_\_\_\_\_

*\*Please use one Submission Form with each Media used*

Mailing Address \_\_\_\_\_

**Schedule of Run Dates** (Month & Year)

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Questions? - Please call 620-231-4000 & ask for Media Co-op  
Or, email at [mediacoop@namesandnumbers.com](mailto:mediacoop@namesandnumbers.com)**

Email \_\_\_\_\_ Fax# \_\_\_\_\_

**Please Check**

### COMPLETE APPROPRIATE CHECKLIST FOR SUBMITTED MEDIA\*

**YES (N/A)**

**Internal Use Only**

**1. Media/Advertiser Monthly Invoices** (Must Accompany All Requests)

*Radio - Television Submissions*

**2. Schedule/Contract with Media**

**3. Affidavit (Certified Document) of Script & Tagline Content\*\***

**3a. Or, DVD of Commercial(s)\*\***

*Newspaper & Print Submissions*

**4. Actual Tear Sheets\*\*** (Complete Page) - Including Ad

*Billboard Submissions*

**5. Submitted Proof of Pre-Approved Design Layout**

**6. Actual Photo of Billboard** (Digital photos may be emailed)

*Direct Mail & Other Submissions*

**7. Submitted Proof of Pre-Approved Piece**

**8. Certified Postal / Postage Invoice** (Direct Mail)

*\*\* (Reference Rules & Regulations)*

**Internal Use Only**

**Remit Request To: Names and Numbers • c/o Media Co-Op • P.O. Box 1479 • Pittsburg, KS • 66762**

**FAX (620) 231-3648**