

# Ameren Missouri Heating and Cooling Program

## Co-Op Marketing Program

### Claims Form

Please indicate where you would like us to mail your Co-Op Marketing program reimbursement check.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Matching funds requested: \$ \_\_\_\_\_

(50% of the total cost, up to \$5,000 maximum per funding period - 3/1/24-8/31/24)

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 submit it at [partneroitresources.com/coop](http://partneroitresources.com/coop)

Some restrictions may apply. Visit [AmerenMissouriSavings.com/HVAC](http://AmerenMissouriSavings.com/HVAC) for full program details.



POWER  
TO SAVE

[AmerenMissouriSavings.com/HVAC](http://AmerenMissouriSavings.com/HVAC)



Please Recycle

1/2021