

2017 Co-Op Request Form

Instructions: Request pre-approval of your co-op expense with your LG Representative. Once the expense activity is completed, submit this form with documentation for processing. Requests greater than \$10,000 require additional approvals; see Co-Op Claim Guidelines (below) for details.

			Account Number:	
Required documentation includes:			Claim Submit Date	
	Signed Co-Op Request form Copy of billing for expense(s) on Co-Op Request Fo			
		hat verifies the items shown on the	Date Expense Inccurred:	
	invoice were used/given aw	way/happend	Claim Reference Number:	
Compa	any Informatio	n		
Company	y Name:			
Street A	ddress:			
City:		State:	Zip Code:	
city.		Juic.	2.p code.	
Contact	Person		Phone Number:	_
Type o	f Activity & Ex	pense Details		
Expense	Description & Rela	ted Products:		
Single		PTAC		
Multi Multi	F & Multi F MAX V			
	Total (\$)			
Co-Op Cl	laim Amount (\$)			
Submitte	ed by (Name):		Contact Ema	il:

Co-Op Claim Guidelines:

Approvals

- Accounts with annual purchases totaling less than \$100,000 in net equipment will be allowed to use Co-Op funds only with prior approval from LG CAC.
- · Co-Op requests of \$20,000 and above require Sales Director, Marketing Director, and CAC SVP approval.

Important Dates

- All Co-Op requests must be for activities that took place during the same year funds were accrued. (i.e. 2017 funds may not be used for 2016 activities)
- · All claims must be submitted with supporting documentation and necessary signatures by February 9, 2018 for reimbursement.
- · No funds will be carried over into 2018.