



American Contract  
Bridge League

## CAP Reimbursement Request Form

Today's Date \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Number \_\_\_\_\_

District \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Check Payable to (Name and ACBL number)

\_\_\_\_\_

Ad Dates \_\_\_\_\_

Total Cost of Ad(s) \_\_\_\_\_

Publication(s) \_\_\_\_\_

Comments/Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Check List

- Tear sheet from newspaper or magazine, printed flier or brochure
- Dated PAID invoice or receipt

**Save and attach completed form and email CAP request to [marketing@acbl.org](mailto:marketing@acbl.org), or mail form along with documentation to:**

**ACBL Headquarters  
6575 Windchase Blvd.  
Horn Lake MS 38637**

**PLEASE NOTE:** Ads, invoices and receipts showing a date of more than 60 days old when received in this office will not be accepted by the ACBL Accounting Department for reimbursement.