



CAP Reimbursement Request Form

(Download>save to your computer> fill out> save again. Can then be attached to email)

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 _____

Please include

of students _____

brought in

from ad _____

Check List

- Tear sheet from newspaper or magazine, printed flier or brochure
- Dated PAID invoice or receipt
- List of students brought in from ad

Save and attach completed form and email CAP request to 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.

