



REIMBURSEMENT APPLICATION FOR CSRA PROGRAMMING

Date: _____

State Executive Name: _____

State Retail Association: _____

*Requesting reimbursement for:

- | | |
|--|----------------------------|
| <input type="checkbox"/> Professional Development | Amount Requested: \$ _____ |
| <input type="checkbox"/> Membership Videos and Marketing Campaigns | Amount Requested: \$ _____ |
| <input type="checkbox"/> Brand and Marketing Audit | Amount Requested: \$ _____ |

Please attach a brief narrative explaining the project(s) associated with this reimbursement request.

I understand that our association is a member, in good standing, of CSRA, and further commit to using the funds requested for the programming indicated above. Additionally, I agree to share projects and outcomes with fellow SRAs.

Signature/Title

*CSRA Reimbursement Policy

PROFESSIONAL DEVELOPMENT: Each CSRA SRA can qualify for up to \$2000 / every two calendar years.

MEMBERSHIP VIDEO/MARKETING CAMPAIGN: Each CSRA SRA qualifies for up to \$2000 to offset expenses incurred with production of videos or marketing campaigns.

BRAND AND MARKETING AUDIT: Each CSRA SRA qualifies for up to \$500 to offset expenses incurred with retaining a brand/marketing audit.

Send completed application to:

Council of State Retail Associations

EMAIL: Bev@CouncilSRA.com

MAIL: 664 Sandpiper Bay Dr. Sunset Beach, NC 28468

Please use a different application for each program