

**NCR Retail Channel Partner: MDF Claim Form**  
(Form may be reproduced for submission purposes)

**PARTNER INFORMATION**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ P/Code \_\_\_\_\_

**SUMMARY OF COMPLETED MARKETING ACTIVITY**

(Please include elements of ROI, successes, number of leads, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MDF Claim Amount \$ \_\_\_\_\_

Pre-Approval #: \_\_\_\_\_

**PROOF OF PERFORMANCE**

(Attach supporting documentation. See eligibility guidelines)

- Copy of Invoice
- Ad Copy
- Newsletter
- Product Collateral
- Sales leads
- Expense Receipts
- Trade Show Booth photos
- Course completion documentation

**Email supporting documentation to:**  
NCRPartner.retail@ncr.com

**OR mail supporting documentation to:**  
NCR Corporation  
c/o Retail Channel Marketing  
2651 Satellite Blvd  
Duluth, GA 30096

<p><b>For NCR Channel Marketing Use Only:</b></p> <p>Date Received ___ / ___ / _____</p> <p>Final Approval <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Date Pre-Approved ___ / ___ / _____</p> <p>Pre-Approved By _____</p> <p>Total Approved Amount to be Reimbursed \$ _____</p> <p>Activity confirmed with NCR CAM <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name _____</p>
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