

## NCR Retail Channel Partner: MDF Claim Form

(Form may be reproduced for submission purposes)

### PARTNER INFORMATION

Company Name \_\_\_\_\_

Date Submitted \_\_\_\_\_ 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 Control #: \_\_\_\_\_

### 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:  
channel.partner@ncr.com

OR mail supporting documentation to:  
**NCR Channel Operations**  
NCR Corporation  
3097 Satellite Blvd., Building 700  
Duluth GA 30096

<p><b>For NCR Channel Marketing Use Only:</b></p> <p>MDF Claim Control # _____</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>CAM Name _____</p>
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