

THE MARKETING ALLIANCE, INC.

Benefit Pool  
REIMBURSEMENT RULES AND PROCEDURES

Submit all paid invoices and cover sheet to: 128 Erie Blvd. Corp, 128 Erie Blvd, Schenectady, NY 12305,  
Attn: Benefit Pool, either by mail or by fax (518) 347-3591

The Benefit Pool is available to reimburse for:

Marketing Expenses related to TMA Core Companies (copies **MUST BE** attached)

- Seminars (to include Travel and Lodging)
- Mailings (directly attributable postage)
- Broadcast Faxes
- Telemarketing
- Webinars
- Advertising
- Brainshark Marketing
- Incentive Trips
- Agency Promotional Items
- Travel to TMA Meetings

Hardware, software, Web Site and other technology related expenses:

- Computers, Scanners, Printers
- Software
- Fax Machines. Copiers
- Scanner
- Palm Pilot/Organizer Device
- Network - Hardware, Software
- Agency Management Software
- T-1, Cable, and DSL Internet Connection Charges
- Website Hosting Fees

Approved Offices expenses:

- Labor on Computers

**NON -REIMBURSABLE ITEMS:**

- General Office Supplies
- Office Postage
- Office Telephone Bills
- Staff Salaries

**REIMBURSEMENT PROCESS:**

The Marketing Alliance, Inc. will only reimburse for approved expenses. If there is a question, please consult your marketing representative in advance.

The Marketing Alliance, Inc will only reimburse for expenses submitted within 60 days of the original invoice. The exception to this is for expenses invoiced in December which must be submitted before the end of the following January.

The Marketing Alliance, Inc. will send the reimbursement within 30 days of receipt of the request.



## Benefit Pool Reimbursement Form

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

(Check)	Type of Expense	Description	Amount
_____	Marketing/Advertising	_____	\$ _____
_____		Carrier Promoted: _____	\$ _____
_____		Type of Ad: _____	\$ _____
_____	Website Development	_____	\$ _____
_____	Website Maintenance	_____	\$ _____
_____	Agency Management System	_____	\$ _____
_____	Hardware/Accessories	_____	\$ _____
_____	Office Equipment	_____	\$ _____
_____	Other Expenses	_____	\$ _____
_____	Other Expenses (cont.)	_____	\$ _____
TOTAL			\$ _____

Please break out your invoices by category and submit this form with copies of your bills directly to:

The Marketing Alliance, Inc.  
 C/O 128 Erie Blvd. Corp.  
 128 Erie Blvd.  
 Schenectady, NY 12305  
 Fax: 518-347-3591

\*\*\*All reimbursement requests must be submitted no later than January 31 of the following year, to be applied to that years Benefit Pool\*\*\*

### Please Note

Signed Business Center Invoices should not be attached or added to this request.  
 Please send them in separately.