## HEALTH GUARD LOGO.jpgHEALTH GUARD LOGO.jpgPromotion/Hanging Allowance Planning & Reimbursement Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Distributor/Installer Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distributor Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Contact Name: | | |  | | | | | | | | | Installer Name: | | | | | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Promotion Dates: | | | through | | | | | | | | | (90 days max, unless pre-authorized by Kutol) | | | | | | | | | | | | | | | | |
| Kutol Sales Rep: | | |  | | | | | | | Rep. Company Name: | | | | | | | |  | | | | | | | | | | |
| Proposed Sales Meeting Date: | | | | |  | | # of DSR’s: | |  | Samples/Literature Ordered: Yes  No | | | | | | | | | | | | | | | | Date: | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Targeted End Users | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End User Name: | | | | | | | | | | | Estimated # of Dispensers: | | | | | | | | | | | Actual # of Dispensers: | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
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| Totals: | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
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| KUTOL SIGNATURE FOR PROMOTION APPROVAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Kutol Signature | | | | | | | | | | Date | | | | | | | | | | | | | | | | | | |
| **HANGING ALLOWANCE REIMBURSEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kutol will pay $3.00 per Designer Series, EZ Foam Manual Wall Mount Dispenser, EZ Foam No Touch Dispenser and EZ Foam Counter Mount Dispenser (or private label equivalents). Min 20 Dispensers  **At the conclusion of the promotion, Proof of Delivery (POD) for dispensers must be sent to Kutol within 90 days from promo expiration date. POD must accompany this form. POD must show that each location purchased enough soap to fill the dispenser amount claimed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # of Disp: | |  | | | | | X | $ 3.00 | | | | | | Total Amount to be Paid: | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Rep. Signature (for Credit Memo approval) | | | | | | | | | | Date | | | | | | | | | | | | | | | | | | |
| **PAYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please reimburse by credit memo to the distributor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please reimburse by check – **Information below is required for Tax purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Payee Incorporated? YesNo | | | | | | | | | | Federal Tax ID # (SSN): | | | | | | | | | | | **MUST** attach a W9 to be paid | | | | | | | |
| Payee Name: | | | |  | | | | | | | | | | | Phone No.: | | | | | |  | | | | | | | |
| Mail Check to the Attention of: | | | | | | |  | | | | | | | | | | Company Name: | | | | | |  | | | | | |
| Check Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | State: | | |  | | | | | | | | | Zip: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All fields are required. Incomplete forms will be returned and payment will not be issued. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR INTERNAL USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved for payment at Kutol by: | | | | | | |  | | | | | | | | | | | | | Date | | |  | | | | | |

**Promotion/Hanging Allowance Planning & Reimbursement Form Instructions**

* **Hanging Allowances must be approved before presenting to a customer.**
* **The install must be a Minimum of 20 dispensers.**
* **Bag in Box & Duraview do not qualify hanging allowances.**



**Section 1**

The Rep completes sections 1 & 2. Then return to Teri for approval.

**Section 2**

**Section 3**

Kutol Employee signature

**Section 4**

At the end of the promotion gather the POD, complete and sign the 4th section, then send to Teri with the POD.

**Section 5**

**NEW** If installer wants to be paid by check, this must be filled out **completely** & turn in a **W9**.

Complete a form for each company with the promo dates and an end user.  Promo dating is, **90 days** (120 days max with prior authorization from Brandon, Mark or Jess).  If you don’t put any dating on the form, the begin date will be the date Kutol approves and it will be valid **90 days**.  Teri keeps a copy on file.  The form is not to be manipulated in any way without approval.

All Hanging Allowances are for $3.00. Anything different must be pre-approved. For Hanging Allowances more than $3.00 a Cost Sharing Form must be completed and turned in at the same time as the pre-approval form.

Do not fill in Actual # of Dispensers or Total in Section 2. Do not fill in Totals for Section 3 until turning in form with POD.

At the conclusion of the promotion, Proof of Delivery (POD) for dispensers must be sent to Kutol within 90 days from promo expiration date. POD must show that each location purchased enough soap to fill the dispenser amount claimed. To our knowledge programs are complete at the ending date on the form(s).  If the program is

not complete, a new form with new dating needs to be sent to for approval.  There are NO “on going” programs.  You can send a new form in at the beginning of the year and then renew quarterly by sending in a new form to be approved. Once received and approved, Kutol will issue a credit to the distributor within 30 days. When turning in POD, please include the approval form.  POD that don’t fall into the promo dates will not be accepted.  Promo’s/POD turned in after 90 days of end date will not be accepted.

**NEW – SECTION 5 - PAY BY CHECK**

Please fill in this section completely to receive payment by check instead of credit memo. All fields are required. Incomplete forms will be returned and payment will not be issued. New Payees are required to turn a W-9 with the form and POD.