

Channel MDF Claim Form

Prior Approval Code: _____

Company:	Date:
Address:	
Telephone / Fax:	
Contact Person:	
Email:	
Activity Date:	
\$ Amount Claim:	

Marketing Plan / Activity (Please check one)

Direct Mail / Newsletter	Web Promotions
Seminars / Workshops	Public Relations
Trade Shows / Events	Sales Tool / Collateral
Advertising / Media Placement	Sales Training
Catalogs / Buyer's Guide	
Others (Please Explain)	

After completion of the activity and/or program, complete and submit the Marketing Development Fund Claim Form along with a Proof of Performance and original, unaltered invoice, **within forty-five (45) days**, to:

MSI Channel Marketing - MDF

Via Mail: **MSI Computer Corp.**
Channel Marketing -MDF
901 Canada Court
City of Industry, CA 91748

Internal Use Only

Marketing	Received Date
Debt Memo	Date