

## SPONSOR REIMBURSEMENT FORM Cash/Non-Cash Compensation Policy

*This form must accompany expense reimbursements received from sponsors; complete the appropriate section. Note that all payments must be made directly to the Firm which will reimburse the registered representative (RR).*

Date: \_\_\_\_\_

<b>Check details:</b> <ul style="list-style-type: none"><li>• Reimbursement check number</li><li>• Amount of check</li><li>• RR name/number</li></ul>	
<b>Seminar expense:</b> <ul style="list-style-type: none"><li>• For prospect or customer?</li><li>• Title of seminar</li></ul>	
<b>Advertising expense:</b> <ul style="list-style-type: none"><li>• Date of publication</li><li>• Indicate whether TV, radio, magazine, newspaper, mailers</li></ul>	
<b>Conference travel expense:</b> <ul style="list-style-type: none"><li>• Date of conference</li><li>• Location</li><li>• Description of expense</li></ul>	
<b>Other:</b> <ul style="list-style-type: none"><li>• Provide details of any other reimbursements</li></ul>	
<b>Sponsor information:</b> <ul style="list-style-type: none"><li>• Name</li><li>• Phone number</li><li>• Email address</li></ul>	

**Sponsor authorization:**

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_