



# CLIENT EVENT / SEMINAR / ADVERTISING REIMBURSEMENT REQUEST

Request Date: _____	Representative Name: _____	Sponsor Name: _____
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**Select Reimbursement Type:**

<input type="checkbox"/> <b>Seminar / Client Event</b>  Approx. Reimbursement Amount:  \$ _____	Compliance Certificate Approval #: _____  Event Date: _____  Event Location: _____  Event Title: _____
<input type="checkbox"/> <b>Advertising Expense</b>  Approx. Reimbursement Amount:  \$ _____	Compliance Certificate Approval #: _____  <input type="checkbox"/> Radio <input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Online / Website <input type="checkbox"/> Mailing <input type="checkbox"/> E-mail Blast <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Conference Travel Expense</b>  Approx. Reimbursement Amount:  \$ _____	Date of Conference: _____  Location: _____  Description of Conference: _____
<input type="checkbox"/> <b>Other</b>  Approx. Reimbursement Amount:  \$ _____	Details: _____ _____ _____

**Select One:**

- Reimbursement check will be sent directly to PCS, Attention Finance Department, for processing.
- Payment will be made directly to the venue / vendor, and copy supplied to PCS Compliance.

<i>To the best of my knowledge, this reimbursement meets the requirements of all FINRA Non-Cash Compensation Rules:</i>		
Wholesaler Name:	E-mail:	Phone:
Authorized By (Include Title):	Authorized Signature:	Date:

**Broker/Dealer Use Only:**

Managing Principal Name:	Managing Principal Signature:	Date:
<i>Senior Management:</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Sr. Management Name:	Sr. Management Signature:	Date: