2016-2017 On Farm Resource Team
Meeting Expense Reimbursement Request

Check Payable to Farm/Producer Name _____
(as listed on W-9 Tax Form)
Address _____

Town / State / Zip _____

Date of Meeting _____

Meeting Participants: _____

Name	Amount Charged	In-Kind Match	Farm Financial Contribution/Match	Other Contributions
*Sample completed document online				
Total Meeting Cost				

Farm Representative Signature _____

Send completed form to:
Center for Dairy Excellence
Attn: Melissa Anderson
2301 N Cameron St.
Harrisburg, PA 17110
manderson@centerfordairyexcellence.org

* Attach Receipts/Invoices and Meeting Minutes to this form

CDE Administrative Use Only:
Team Type: Profit Transition Transformation

Date Received _____

Amount to be Paid _____

Authorization _____

Class:_____

COA:_____