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
John Doe's time (Engineer) preliminary draft design - invoiced	$1,500.00			
Sam Smith's, (Lender) - team member		2 hours		
Jane Miller, (Nutritionist) - team member		2.5 hours		
Travel to three farms outside of PA - result of team decision (farm contribution not covered by			$650.00	
EQIP Grant				$20,000
Total Meeting Cost	$1,500.00		$650.00	$20,000

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: _____

Example