



Check Payable To: \_\_\_\_\_

**2024-2025 On Farm Resource Team Meeting Expense Reimbursement Request**

*W9 Required before reimbursement will be made.*

Check Payable to Farm/Producer Name \_\_\_\_\_

(as listed on W-9 Tax Form)

Address \_\_\_\_\_

Town / State / Zip \_\_\_\_\_

Date of Meeting \_\_\_\_\_

Meeting Participants: \_\_\_\_\_

Expenses & Invoice Numbers	Amount Charged
<b>Total Meeting Cost</b>	

Send completed form to:  
Center for Dairy Excellence  
Attn: Melissa Anderson  
1140 Mountain View Road  
Shermans Dale, PA 17090  
[manderson@centerfordairyexcellence.org](mailto:manderson@centerfordairyexcellence.org)

\* Attach Receipts/Invoices and Meeting Minutes to this form

**CDE Administrative Use Only:**

**Team Type:**              Transition              Transformation              DDC              Discussion  
                                 Excellence              Processing              Climate Smart CARAT

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

Amount to be Paid: \_\_\_\_\_

Authorization: \_\_\_\_\_

Class: \_\_\_\_\_

COA: \_\_\_\_\_