



2020-2021 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 _____ Cost of Production _____

Meeting Participants: _____

Name	Amount Charged	In-Kind Match	Farm Financial Contribution/Match	Other Contributions
Total Meeting Cost				

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

* Attach Receipts/Invoices and Meeting Minutes to this form

CDE Administrative Use Only:

Team Type: Profit Transition Transformation DDC Discussion

Date Received: _____

Amount to be Paid: _____

Authorization: _____

Class: _____

COA: _____