



CENTER FOR  
**Dairy**EXCELLENCE

## 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				
<b>Total Meeting Cost</b>				

Farm Representative Signature \_\_\_\_\_

**Send completed form to:**

Center for Dairy Excellence

Attn: Melissa Anderson

2301 N Cameron St.

Harrisburg, PA 17110

[manderson@centerfordairyexcellence.org](mailto: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: \_\_\_\_\_