

Check Payable To:	

2022-2023 On Farm Resource Team Meeting Expense Reimbursement Request

Check Payable to Farm/Producer Name ___

W9 Required before reimbursement will be made.

(as listed on W-9 Tax Form) Address				
Town / State / Zip				
Date of Meeting				
Meeting Participants:				
Expenses & Invoice Numbers			Amount Charged	
				_
				_
				-
				-
				_
		Table Marilla Cont		
		Total Meeting Cost		
	CDE Administrative Us	se Only:		
Send completed form to: Center for Dairy Excellence Attn: Melissa Anderson	Team Type: Profit		DDC Processing	Discussion
1140 Mountain View Road Shermans Dale, PA 17090	Date Received:			
manderson@centerfordairyexcellence.org	Amount to be Paid:			
* Attach Receipts/Invoices and Meeting Minutes to this form	Authorization:			

COA: