

Check Payable To: _____

2023-2024 On Farm Resource Team **Meeting Expense Reimbursement Request** W9 Required before reimbursement will be made.

Amount

Charged

Check Payable to Farm (as listed on W-9 Tax F Address	 	
Town / State / Zip	 	
Date of Meeting		
Meeting Participants:	 	

Expenses & Invoice Numbers

Total Meeting Cost	

	CDE Administrative Use Only:							
Send completed form to:	Team Type:	Profit	Transition	Transformation	DDC	Discussion		
Center for Dairy Excellence Attn: Melissa Anderson	Exce	Excellence Processing Brai			Climate Smart CA	RAT		
1140 Mountain View Road	Date Received:							
Shermans Dale, PA 17090								
manderson@centerfordairyexcellence.org	Amount to be	Paid:						
* Attach Receipts/Invoices and Meeting Minutes to this form	Authorization	:						
	Class:							
	COA:							