CENTER FOR Dairy EXCELLENCE

Check Payable To: _____

W9 Required before reimbursement will be made.

2023-2024 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: _____

Expenses & Invoice Numbers	Amount Charged
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 Excellence Processing Climate Smart CARAT

Date Received: _____

Amount to be Paid: _____

Authorization: _____

Class: _____

COA: _____