CENTER FOR DairyEXCELLENCE

Check Payable To: _____

W9 Required before reimbursement will be made.

2026-2027 On Farm Resource Team Expense Reimbursement Request

Farm/Producer Name _____
(as listed on W-9 Tax Form)
Address _____

Town / State / Zip _____

Expenses & Invoice Numbers	Amount Charged
Total	

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 Summaries to this form.**

CDE Administrative Use Only:
Team Type: DDC Discussion Transformation Transition

Date Received: _____

Amount to be Paid: _____

Authorization: _____

Class: _____

COA: _____