

\*Parent Number: \_\_\_\_\_ \*Sold to Customer Number: \_\_\_\_\_

\*Dealer Name: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_  
(First, Last)

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\* Denotes Required Fields

PMI  NUTRITION®

2016 BUSINESS  
BUILDER

SELLING SUPPORT  
PROGRAM  
REIMBURSEMENT  
- Pet Food

## 1. Select Completed Activity

Submit travel receipts for any pet food samples expense, e-store merchandising purchases, pet employee feed trials or PMI Nutrition® employee training workshops.

### 100% REIMBURSED

☐ Pet Food Samples

☐ eStore Merchandising

Total Amount Spent: \$ \_\_\_\_\_

100% Amount Requested: \$ \_\_\_\_\_

### 50% REIMBURSED

☐ Pet Employee Feed Trial

☐ PMI Employee Training

Total Amount Spent: \$ \_\_\_\_\_

÷ 2: \$ \_\_\_\_\_

50% Amount Requested: \$ \_\_\_\_\_

Claims will be reimbursed (up to the Selling Support Funds available in your account).

### PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

Each Location must complete one form.  
Reimbursement will come in the form of  
a credit to your account.

**INSTRUCTIONS:** Dealer and Sales Specialist complete this form and send to the Area Sales Office for Area Sales Manager approval. Area Sales office check receipts against amount requested. FORM MUST BE SIGNED BY AREA SALES MANAGER. For credit reimbursement, COMPLETED FORM AND SUPPORTING DOCUMENTS should be sent to:

**MAIL:** Purina Animal Nutrition LLC  
P.O. Box 66812  
St. Louis, MO 63166  
ATTN: Nancy Mogelnicki

**FAX:** (651) 234-8493  
ATTN: Nancy Mogelnicki

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Dealer's Authorized Signature

\_\_\_\_\_  
Purina Animal Nutrition LLC Sales Specialist Signature

\_\_\_\_\_  
Purina Animal Nutrition LLC Area Sales Manager Signature