

*Parent Number: _____ *Sold to Customer Number: _____

*Dealer Name: _____

*Contact Name: _____
(First, Last)

*Street Address: _____

*City: _____

*State: _____ *Zip Code: _____

* Denotes Required Fields

1. Select Event Attended

Submit travel receipts for participants (i.e., gasoline or flights) or Feeding Meeting/Field Day expenses.

☐ Range Cattle VIP

☐ Dairy/Beef Cattle
Veterinarian Conference

☐ Dealer Differentiation VIP

☐ Calf & Heifer VIP

☐ Genetic Supplier VIP

☐ Mega Calf & Heifer VIP

☐ Feedlot Cattle VIP

☐ Swine VIP

☐ Mega Cattle VIP

☐ Show VIP

☐ Horse VIP

Total Amount Spent: \$ _____ 100% Amount Requested: \$ _____

The above Selling Support Funds will be reimbursed at 100%.

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

2. Professional Beef Sales Training

Submit receipts for Professional Beef Sales Training expenses (fees will be paid up to \$500)
Claims will be reimbursed up to the Selling Support Funds available in your account.

☐ Professional Beef Sales Training (Up to \$500)

Total Amount Spent: \$ _____ 100% Amount Requested: \$ _____

3. Check-R-Board® Days

Submit receipts for Check-R-Board® Days event expenses. Claims will be reimbursed up to the Selling Support Funds available in your account.

☐ Check-R-Board® Days Amount Reimbursed: \$ _____

4. Checkpoint

Submit receipts for Checkpoint (fees will be reimbursed at \$2.50 per name) Claims will be reimbursed up to the Selling Support Funds available in your account.

☐ Checkpoint (\$2.50 per name)

Total Names: _____ x 2.5 = Amount Reimbursed: \$ _____

PURINA®

2016 BUSINESS BUILDER

SELLING SUPPORT PROGRAM REIMBURSEMENT

- Educational Event
- Professional Beef Sales Training
- Check-R-Board® Days
- Checkpoint

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

*CUSTOMER: By signing the front of this voucher I hereby grant authority to Purina Animal Nutrition LLC to publish my name, publish photographs of myself and my property and to utilize any and all material I furnish to them as they see fit. This authority shall be valid until revoked by me in writing. Revocations shall not affect any material previously prepared and/or utilized by Purina Animal Nutrition LLC.