

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

Parent Number: _____ Sold to Customer Number: _____

Dealer Name: _____
(First, Last)

Contact Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

1. Select Completed Activity

Submit supporting receipts.

100% REIMBURSED

- ☐ **Pet Food Samples** \$ _____
- ☐ **eStore Merchandising** \$ _____
- ☐ **PMI Nutrition® Frequent Purchase Cards** \$ _____

Total Amount Spent: \$ _____

2. Select Completed Activity

Submit supporting receipts.

50% REIMBURSED

- ☐ **Pet Employee Feed Trial** \$ _____
- ☐ **PMI Employee Training** \$ _____
- ☐ **PMI Employee Incentive** \$ _____

Total Amount Spent: \$ _____

x 50%: \$ _____

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

Selling Support Program Reimbursement

PMI NUTRITION®

2017 Business Builder

Pet Food

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

1. Complete one form for each location. Reimbursement will come in the form of a credit to your account.
2. Dealer and Sales Specialist complete this form.

Today's Date _____

Dealer's Authorized Signature _____

Purina Animal Nutrition LLC Sales Specialist Signature _____

Purina Animal Nutrition LLC Area Sales Manager Signature _____

3. Send to the Area Sales Office for Area Sales Manager approval.

4. Area Sales office check receipts against amount requested. FORM MUST BE SIGNED BY AREA SALES MANAGER.
5. For credit reimbursement, COMPLETED FORM AND SUPPORTING DOCUMENTS must be submitted.

SALES USE ONLY

Return this form to:

Mail:

Purina Animal Nutrition LLC
P.O. Box 66812
St. Louis, MO 63166
ATTN: Business Builder

Fax:

FAX: (651) 234-8493
ATTN: Business Builder