*Parent Number:	*Sold to Customer Number:
*Dealer Name:	
*Contact Name:	
(First, Last) *Street Address:	
*City:	
*State:	_ *Zip Code:
Denotes Required Fields	·
1. Select Your Events Submit receipts for Event or Marketing Promo	
newspaper ad, circulars, direct mail promotio product flyers or other materials used for Eve	_
Select events:	
HOW® Horse Owners Workshop	
☐ Great Starts	
☐ Chick Days	
Summer Horse Feeding Trial Event	
☐ FLOCK-TOBER™	
☐ C.O.W. Cattle Owners Workshop™	
☐ Customer Appreciation Event	
☐ Farm/Ranch Selling Events (Up to	\$750)
Other	
<b>☐</b> Other	
<b>□</b> Other	
Total Amount Spent: \$	_
50/50 Amount Requested: \$	
All Event and Marketing Selling Support Fund	ds are matching funds 50/50 funds.

All Event and Marketing Selling Support Funds are matching funds... 50/50 funds. Dealer must spend a matching amount to what is claimed. (Example: \$100 travel expenditure equals a \$50 selling support claim.) Claims will be reimbursed (up to the Selling Support Funds available in your account).

More details can be found in the Semester brochure!



## SELLING SUPPORT PROGRAM REIMBURSEMENT

- Event & Marketing

## 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 Da	te
Dealer's Au	thorized Signature
Purina Animal	Nutrition LLC Sales Specialist Signature

Purina Animal Nutrition LLC Area Sales Manager Signature