

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

- | | |
|--|----------|
| <input type="checkbox"/> Purina University | \$ _____ |
| <input type="checkbox"/> Top Dealer Meetings | \$ _____ |
| <input type="checkbox"/> Horse VIP | \$ _____ |
| <input type="checkbox"/> Range Cattle VIP | \$ _____ |
| <input type="checkbox"/> Mega Cattle VIP | \$ _____ |
| <input type="checkbox"/> Feedlot Cattle VIP | \$ _____ |
| <input type="checkbox"/> Genetic Supplier VIP | \$ _____ |
| <input type="checkbox"/> Calf & Heifer VIP | \$ _____ |
| <input type="checkbox"/> Mega Calf & Heifer VIP | \$ _____ |
| <input type="checkbox"/> Dairy/Beef Cattle Veterinarian Conference | \$ _____ |
| <input type="checkbox"/> Show VIP | \$ _____ |
| <input type="checkbox"/> Swine VIP | \$ _____ |
| <input type="checkbox"/> Dealer Differentiation Conference | \$ _____ |
| <input type="checkbox"/> Animal Care Workshop | \$ _____ |
| <input type="checkbox"/> Professional Beef Sales Training (Up to \$500) | \$ _____ |
| <input type="checkbox"/> F.E.E.D./HERD 360 Sales Training | \$ _____ |
| <input type="checkbox"/> Local Training* | \$ _____ |
| <input type="checkbox"/> Purina® Product Launch* | \$ _____ |

Total Amount Spent: \$ _____

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

*To be conducted with Purina® Animal Nutrition LLC staff in attendance

Selling Support Program Reimbursement



2017
**Business
Builder**

Education & Training

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