

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*

- ☐ **Check-R-Board® Days** \$ _____
- ☐ **Purina® eStore Merchandising kits** \$ _____
- ☐ **CheckPoint®** (Total names: _____ x \$2.50) \$ _____

Total Amount Spent: \$ _____

2. Select Completed Activity

Submit supporting receipts.

50% REIMBURSED*

- ☐ **Farm/Ranch Selling Events** (up to \$750) \$ _____
- ☐ **HOW® Horse Owners Workshop** \$ _____
- ☐ **Chick Days** \$ _____
- ☐ **Cattle Mineral Meeting** \$ _____
- ☐ **Customer Appreciation Event** \$ _____
- ☐ **Great Starts** \$ _____
- ☐ **Summer Horse Feeding Trial Event** \$ _____
- ☐ **Flocktober™** \$ _____
- ☐ **Poultry Owners Workshop** \$ _____
- ☐ **Advertising** \$ _____
- ☐ **Sponsorships** \$ _____
- ☐ **Dealer Signage** \$ _____

Total Amount Spent: \$ _____

x 50% \$ _____

3. Select Completed Activity

Submit supporting receipts.

25% REIMBURSED

- ☐ **Branded Wearables and Premiums** \$ _____
- ☐ **Advertising and Marketing Agency Fees** \$ _____
- ☐ **Yellow Pages** \$ _____

Total Amount Spent: \$ _____

x 25% \$ _____

***More details can be found in the Semester brochures!**

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

Selling Support Program Reimbursement



2017
**Business
Builder**

Events & Marketing

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