

**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.

**50% REIMBURSED\***

- |   |          |
|---|----------|
| <input type="checkbox"/> <b>Loyalty Horse</b>   | \$ _____ |
| <input type="checkbox"/> <b>Loyalty Poultry</b> | \$ _____ |
| <input type="checkbox"/> <b>Honor Show Chow</b> | \$ _____ |
| <input type="checkbox"/> <b>Loyalty Cattle</b>  | \$ _____ |
| <input type="checkbox"/> <b>Loyalty Swine</b>   | \$ _____ |
| <input type="checkbox"/> <b>Loyalty Rabbit</b>  | \$ _____ |
| <input type="checkbox"/> <b>Loyalty Deer</b>    | \$ _____ |

Total Amount Free Product: \$ \_\_\_\_\_

(Wholesale Price) x 50%: \$ \_\_\_\_\_

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

# Selling Support Program Reimbursement



2017  
**Business Builder**

## Local Loyalty Program Frequent Purchase Cards

**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