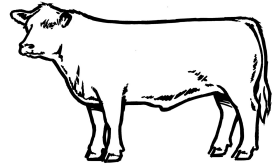


2014 Selling Support Program
Professional Beef Sales Training and Checkpoint
Reimbursement Form



Please complete this form in its entirety to receive reimbursement from your Selling Support Fund. When you've completed the form please submit it to your area sales office. Reimbursement will come in the form of a credit to your account.

Section 1:

Dealership Name: _____ Customer #: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2: Select Event held. **Submit receipts for Professional Beef Sales Training expenses (fees will be paid up to \$500). Submit receipts for Checkpoint (fees will be reimbursed at \$2.50 per name).**

☐ PBST (up to \$500)

☐ Checkpoint @ \$2.50 per name

Total Amount Spent: \$ _____

100% Amount Requested: \$ _____

Professional Beef Sales Training fees will be paid at 100% UP TO \$500. Checkpoint expenses will be paid at 100% (\$2.50 per name). Claims will be reimbursed (up to the Selling Support Funds available in your account).

Today's Date: _____

Dealer Signature

Sales Specialist Signature

Area Sales Manager Signature

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:

Purina Animal Nutrition, LLC, P.O. Box 66812, St. Louis, MO 63166-6812, Attn: Nancy Mogelnicki

Or fax to 651-234-8493