



# Soybean Checkoff County Promotion Program

## 2010 Reimbursement Claim form

Use for Activities Sept. 1, 2009 - April 1, 2010

Date Submitted: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Return completed forms by April 15, 2010**

**Describe your county's soybean checkoff promotional activity and detail the cost incurred.**

Submit ONE activity/event per form.

Attach ALL receipts or invoices for each expense.

Attach ALL backup materials i.e. newspaper ads, radio scripts, event programs, agendas and pictures.

It is the policy of the soybean checkoff not to reimburse any expense over \$10 without a receipt.

Activity Description	Requested Amount	Approved Amount (office use)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total amount of reimbursement:</b>	\$ _____	\$ _____

\_\_\_\_\_  
Signature of County Representative

*I hereby declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid.*

Comments (office use only): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send County Reimbursement Check to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MN

Zip: \_\_\_\_\_

**For Office Use Only:**

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Total amount: \_\_\_\_\_

107-0010-618