



Soybean Checkoff County Promotion Program
2010 Reimbursement Claim form (2)
 Use for Activities April 1, 2010 - August 15, 2010

Date Submitted: _____ County: _____

Contact Person: _____ Phone: _____

Email: _____

Return completed forms by August 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)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total amount of reimbursement:	\$ _____	\$ _____

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