



**Minnesota Soybean
Research & Promotion
Council**

**SOYBEAN CHECKOFF COUNTY PROMOTION PROGRAM
FY12 Reimbursement Claim form (2)**

USE FOR ACTIVITIES: **APRIL 1ST, 2012 – AUGUST 15TH, 2012**

RETURN COMPLETED FORMS BY **AUGUST 15TH, 2012**

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: **MN** Zip: _____

(Reimbursement Check will be sent here)

County: _____ Email: _____ DATE SUBMITTED: _____

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 to **not** reimburse any expense over \$10 without a receipt.

OFFICE USE ONLY

Activity Descriptions	Cosponsored By MN CORN? <input checked="" type="checkbox"/>	Amount Requested	Amount Approved
_____	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	\$ _____	\$ _____
TOTAL AMOUNT:		\$ _____	\$ _____

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.

OFFICE USE ONLY

Comments: _____

Approval: _____

Date: _____
303-2030-618
Total Amount: _____

Send completed forms and materials to: MN Soybean Office, 151 Saint Andrews Court, Suite 710, Mankato, MN 56001