FOR OFFICE USE ONLY

Tracking Number_____

2007/2008 Ag & Equine Partners Hay Transportation Reimbursement Request Form

PURCHASER INFORMATION

_____ of _____ Applications included in this packet

Applicant Name: _____

Mailing Address: _____

_____

_____

Social Security # or Federal Tax ID # (NOT tax exempt #): _____

Phone Number (# to reach you if we have questions): _____

NC Premises ID Number: _____

What type of livestock do you have and how many?

CATTLE _____qty EQUINE _____qty OTHER _____qty

How much hay did you have on hand at time of this purchase? _____

Call 919-715-2951 to obtain a NC Premises ID Number, if you do not have one.

SELLER INFORMATION

Name: _____

Mailing Address: _____

_____

_____

Phone Number: _____

Origination Point of Hay: _____

TRANSPORTATION INFORMATION

(The information in this section determines the amount you will be reimbursed)

Name of Transporter; _____

(if self, write "self.")

Mailing Address: _____

_____

_____

Phone Number: _____

Date/s of Delivery: _____

Total # of Loads: _____

Cost of Transportation (if "self" write "self") _____

Number of Loaded Miles: _____

Total # of Large Bales: _____ Total # of Small bales: _____

Delivery Location: _____

****I have attached the original bill(s) of lading or transportation receipt(s) (if I used a third party to move forage) and I certify that the information I have provided is correct to the best of my knowledge.**

_____ _____

Purchaser Signature **Date of Request**

Return to:

NCDA&CS, Ag & Equine Partners EXPANSION, P.O. Box 27647; Raleigh, NC 27611