FOR OFFICE USE ONLY

Tracking Number_____

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

HAY PURCHASER

Applicant Name (List farm name if supplying Fed ID # below):

_____

Mailing Address: _____

_____

_____

Phone Number: _____

Social Security or Federal Tax ID number: _____

NC Premises ID Number: _____

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

# of Cattle _____ # of Equine _____ # of Other _____

HAY SELLER

(if in-state broker please list city, state and zip code of where hay originated)

Name: _____

Mailing Address: _____

_____

_____

Phone Number: _____

TRANSPORTATION INFORMATION

Name of Transporter (write self if you hauled hay yourself):

_____

Mailing Address: _____

_____

_____

Phone Number: _____

Date of Delivery: _____

Loaded Miles: _____ OR # Roundtrip Miles _____

Number of Large Bales Transported: _____

Origination Point of hay/Forage: _____

Amount paid for transportation (List N/A if self): _____

Delivery Location (if different than above): _____

I have attached the original bill of lading or transportation receipt and I certify that this information is correct to the best of my knowledge.

_____ _____

Purchaser Signature **Date of Request**

REIMBURSEMENT CALCULATION FOR OFFICE USE ONLY

_____	X _____	= _____	_____
Miles Driven	Amount per Mile	Amount Eligible	Amount Paid ($500 Max)