



DSA Brucellosis Test Compensation Request for Producers

IMPORTANT: Tests on this form must have been sampled from July 1, 2017 through June 30, 2018 (FY 18). Compensation requests must be received within 60 days of test.* Please also submit a completed W-9 form if you haven't done so previously or have had an address change. Additional information & forms are available at www.liv.mt.gov.

Producer Name: _____ Date submitted: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Producer Signature _____

	Veterinarian Name	Reason for Test: (please be as specific as possible)	Blood Draw Date	Accession # or Lab Case #	Total Animals Tested
1					
2					
3					
4					
5					
6					
7					

* These forms must be received before July 1, 2018 to be processed for reimbursement.

Return form to Emily Kaleczyc: ekaleczyc@mt.gov
 fax: (406) 444-1929 or
 PO Box 202001, Helena MT 59620-2001

TOTAL ANIMALS TESTED: _____
TOTAL REIMBRUSEMENT (\$2.00/hd): _____