



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: _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____	Date submitted: _____ PIN/LID: _____ _____ <p style="text-align: center;">Producer Signature</p>
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#	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): _____

Office Use Only:
 SV-16 (revised 7/17) Total Epi: _____ Total DSA: _____ Total: _____