



DSA Brucellosis Test Compensation Request for Producers

IMPORTANT: Tests on this form must have been sampled from July 1, 2018 through June 30, 2019 (FY 19). Compensation requests must be received within 60 days of test AND prior to July 1, 2019. Please also submit a completed W-9 form if you haven't done so previously or have had an address or business name change. Additional information & forms are available at www.liv.mt.gov.

Make Check Payable to: _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____	Date submitted: _____ PIN/LID: _____ <div style="text-align: right;"> Producer Signature _____ </div>
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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					
8					

Return form to Brooke Ruffier: brooke.ruffier@mt.gov
 fax: (406) 444-1929 or
 PO Box 202001, Helena MT 59620-2001

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