



## 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](http://www.liv.mt.gov).

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