



DSA Brucellosis Test REIMBURSEMENT REQUEST FOR PRODUCERS

This form expires June 30, 2021

- INSTRUCTIONS:**
- The blood draw date must be between **July 1, 2020 and June 30, 2021**.
 - Submit your request within 60 days after testing AND prior to July 1, 2021.
 - A premises ID (LID or PIN) is required. Please contact MDOL for more information: (406) 444-9622 or 444-2976.
 - Submit a completed W-9 form if:
 - You have not done so previously,
 - You have a different mailing address, or
 - You are requesting payment to a different individual or business name.
 - Additional information & forms are available at www.liv.mt.gov.
 - **Return form to Leslie Doely: ldoely@mt.gov, fax: (406) 444-1929, PO Box 202001, Helena MT 59620.**

MAKE CHECK PAYABLE TO:

Name: _____ Premises ID (LID/PIN): _____
 Mailing Address: _____ Phone: _____
 City/State/Zip: _____

 Producer Signature Date

#	Veterinarian Name	Reason for Test: <small>(ex: leaving DSA, sale, partial herd test, whole herd test, grazed in DSA, test per herd plan, etc.)</small>	Blood Draw Date	Case # <small>(21-XXXXX)</small>	Total Animals Tested
1					
2					
3					
4					
5					
6					
7					
8					

TOTAL ANIMALS TESTED: _____

TOTAL REIMBURSEMENT (\$2.00/head): _____

Office Use Only: Date Received: _____ Date to Accounting: _____ # _____
 Total Epi: _____ Total DSA: _____ Total: _____