

Invoice

Date of invoice: _____

Dairy Risk Management and Crop Insurance Training

Type of Meeting:

- | | |
|---|--|
| <input type="checkbox"/> Beginning Producer Training | <input type="checkbox"/> Advanced Ag Business Training |
| <input type="checkbox"/> Advanced Producer Training | <input type="checkbox"/> Risk Management Workshop |
| <input type="checkbox"/> Beginning Ag Business Training | |

Training date: _____

Training location: _____

City: _____

County: _____

Audience count: _____

Organization that conducted meeting: _____

Contact person in charge of meeting: _____

Meeting Expenses:

Room rental -----	\$ _____
Photo copying charges -----	\$ _____
Communication charges -----	\$ _____
Other expenses -----	\$ _____
Grand Total	\$ _____

Make check payable to: _____

Address to send check: _____

Please send this invoice and a copy of any receipts to:

Sue Confer
Dept AERS
103 Armsby Building
University Park, PA 16802
(814) 865-5461

Budget to charge: PDA Dairy Producers, 504-08(809G)