

Pennsylvania Center for Poultry & Livestock Excellence

On-Road Transport Biosecurity Equipment Reimbursement Program Application

May 2022

Business Information

Business Name: _____ Tax ID: _____

Address: _____
Street Address/Mailing Address

City State ZIP Code

County: _____

Point of Contact: _____

Phone: _____ Email: _____

Total Amount of Reimbursement Requested: \$ _____

Copy of paid receipts/invoices must accompany this form upon submission

To whom the reimbursement check be made payable to: _____

On-Road Transport Biosecurity Reimbursement Eligibility Disclaimer and Signature

I have read the On-Road Transport Biosecurity Reimbursement Criteria and my signature below certifies the information I provided above as well as the copies of paid receipts for equipment are truthful.

Signature: _____ Date: _____

Printed Name: _____

This program is open until the funding is allocated or noon on August 12, 2022, whichever comes first