

Wisconsin Specialty Cheese Institute

2017 REQUEST FOR ACTIVITY REIMBURSEMENT

In order to qualify for reimbursement, manufacturer and marketer applicants must have attended at least two (2) meetings, or one (1) meeting and the annual golf outing during the calendar year. Reimbursement is limited to \$500 per company per year and will be distributed on a first-come, first served basis.

Company Name: Representative:			
Mailing Address:			
City:		State:	Zip:
Type of Activity (check only one):		
_	•	e project and for what pu	Up to \$250 reimbursement urpose it will be used (i.e. direct mail update, press release, etc.) and submit
_	te Trade/Consumer/Tra	•	Up to \$75 reimbursement
	Name & Location of S	•	
b. How will this activity help to promote or improve the Wisconsin specialty cheese industry?			
c.	Please submit proof o	f payment and attendan	ce (i.e. copy of paid registration)
(One reimbursement per Member Company per event)			
	f-State Trade/Consume	•	Up to \$350 reimbursement
a.		•	
b. How will this activity help to promote or improve the Wisconsin specialty cheese industry?			
c.	Please submit proof of payment and attendance (i.e. copy of paid registration)		
(0	ne reimbursement per l	Member Company per ev	vent)
		_	
Representative'	s Signature:		Date

Return completed form to:

P.O. Box 15, Delavan, WI 53115 • Telephone 262-740-2180 • Email info@wisspecialcheese.org