## Montana Restaurant Rewards Program Reimbursement Request Form

REIMBURSEMENT RATE: Rate of reimbursement will be based on the Restaurant score rating established through completion of the Reimbursement Rate Calculation form provided. This score, reflective of the establishment's use and promotion of the Made in Montana / Grown in Montana logo and Grown in Montana specialty crop products, will determine the actual rate which enters into the calculation for percentage of the maximum 50% eligibility. In order to provide the foodservice with a reimbursement check, the Montana Department of Agriculture requires the foodservice to fill out a W-9.

Date	Purchased From	Items	Amount

Total Spent	otal	Spent		
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Thank you for taking the time to fill out this request form. Feel free to contact me with any questions.

Please return it to:

Angelyn DeYoung Montana Department of Agriculture PO Box 200201 Helena, MT 59620-0201 (406) 444-5424 tel (406) 444-9442 fax adeyoung@mt.gov agr.mt.gov

<sup>\*</sup>In addition to this sheet, please provide copies of receipts, invoices, etc. totaling amount requested for reimbursement.