



Wyoming Livestock Board

"Safeguarding Wyoming's Livestock Industry Today and for the Future"



1934 Wyott Drive, Cheyenne, Wyoming 82002-0051
Phone: (307) 777-7515 ■ Fax: (307) 777-6561 ■ Web Site: <http://wlsb.state.wy.us>

Dave Freudenthal
Governor

James L. Schwartz, Director - Chief Executive Officer
Jim Logan, DVM - State Veterinarian

Walter E. Cook, DVM
Assistant State Veterinarian

Memorandum

To: Brucellosis Testing Reimbursement vendors

From: Jill Graves

Date: November 10, 2009

Subject: Invoicing Requirements

=====

Requirements to all participating vendors, any invoices received in our office requesting reimbursement for Brucellosis testing must meet these requirements or will be returned for correction before processing.

1. Invoices must be on the Wyoming Livestock Board forms (electronic copies of these are available) and the name of the payee must match the name in the WOLFS system.
2. Invoices must be signed and notarized.
3. There may only be one calendar month of testing dates per invoice.
4. Invoices for the month must be submitted by the 15th of the following month in order to qualify for reimbursement.
5. Copies of ALL test charts listed on the invoice must accompany the invoices in order for invoices to be paid.
6. Current reimbursement rates are as follows:
 - a. \$5.00 per head for veterinarians testing on ranches inside the designated surveillance area.
 - b. \$3.50 per head for sale barn veterinarian testing.
 - c. \$2.00 per head to reimburse for personnel expenses from testing at sale barns.

Again this is to help us to meet our reporting and auditing needs, if you have any questions please feel free to contact Jill Graves at (307) 777-6288 jgrave@state.wy.us, or Anne Iske, Budget Officer, at (307) 777-7516 or aiske@state.wy.us .

Board Members

Rob Orchard
Ten Sleep
President

Eric Barlow, DVM
Gillette
Vice President

Fred Wilson
Newcastle

Albert Sommers
Pinedale

Pat Cullen
Wheatland

Brent Larson
Laramie

Liz Philp
Shoshoni

Invoice for Brucellosis Testing Compensation

Invoice Date: _____ TO _____

Remit To: Vendor/EIN# EFT

Send Invoice To: Attn: BR Comp, WLSB, 1934 Wyoott Drive, Cheyenne WY 82002

Veterinarian's Name:

Mailing Address:

Phone Number:

For Office use Only

Test Confirmed	Test Chart # or AV Certificate #	Test date	Herd Plan #	Producer's Name & Address	County of Origin	# of Head Tested	Fee/Per head	Extended Cost
							Total from other pages:	
							Invoice Total:	

Affidavit

I, _____, Certify that all of the livestock on this
(Veterinarian's Signature)
form have been blood-tested for Brucellosis by myself.

The tests have been sent to the _____

Name of Lab

Laboratory located at _____ and

Mailing Address

Phone Number _____

Area Code and Number

State of _____ ss

County of _____

The foregoing instrument was acknowledged before me by _____,
this _____ day of _____, 20_____.

Witness my hand and official seal.

_____ My commission expires on: _____

Signature of Notary Public

Invoice for Brucellosis Testing Compensation

For Office use Only

Test Confirmed	Test Chart # or AV Certificate #	Test date	Herd Plan #	Producer's Name & Address	County of Origin	# of Head Tested	Fee/Per head	Extended Cost
							Total this page:	

Invoice for Brucellosis Testing Compensation Continuation Sheet

Page _____

Invoice Date: _____ TO _____

Veterinarian's Name:

For Office use Only

Test Confirmed	Test Chart # or AV Certificate #	Test date	Herd Plan #	Producer's Name & Address	County of Origin	# of Head Tested	Fee/Per head	Extended Cost
								Total this page: