

Invoice for Slaughter Facility Brucellosis Testing Compensation

Invoice Date: _____ TO _____

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

Remit To: Vendor/EIN#

EFT

Slaughter Facility:

Mailing Address:

Phone Number:

Test Confirmed	Test Chart #	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 livestock on this form have been tested for brucellosis per sample collection at listed slaughter facility.

The tests have been sent to the _____
 Name of Lab
 Laboratory located at _____
 Mailing Address
 Phone Number _____
 Area Code and Number

State of _____
 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

