Invoice for Brucellosis Testing Compensation

Invoice Date: _____ TO _____

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

Remit To: Vendor/EIN# EFT ☐

Veterinarian's Name:

Practice/Clinic Name:

Mailing Address:

Phone Number:

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

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

Invoice Date: _____ TO _____

Veterinarian/ Practice/Clinic Name:

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:	