

WYOMING LIVESTOCK BOARD
LIVESTOCK LAW ENFORCEMENT ACCOUNT
MOU REIMBURSEMENT CLAIM FORM

THIS FORM MUST BE SIGNED BY THE COUNTY SHERIFF OR THEIR DESIGNEE
COPIES OF ALL LIVESTOCK MOU EVENT ACTIVITY MUST BE ATTACHED TO
THIS FORM

I, _____ (Sheriff) of _____ County

do hereby request reimbursement from the Livestock Law Enforcement Account under the signed MOU with the Wyoming Livestock Board.

The time period covered by this claim is from _____ to _____

Total number of hours claimed is _____ hours at \$55.00 per hour

TOTAL AMOUNT CLAIMED: \$ _____

Signed: _____

Date: _____

MAIL TO:

Wyoming Livestock Board
1934 Wyott Drive
Cheyenne, WY 82007
Attn: Renae Krakow
Email: wlsb-leo.reimbursement@wyo.gov