



# Soybean County Checkoff FY25 REIMBURSEMENT FORM

(Sept. 1, 2024- Aug. 15, 2025)

## COUNTY INFORMATION

**Contact Name:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

## REIMBURSEMENT

Since MSR&PC is federally mandated, we need to ensure the county program stays in compliance. In order to be reimbursed, checkoff dollars needs to meet certain criteria. Does your reimbursement educate farmers and non-farmers about soybeans?

- Yes
- No (if no, we can't accept your reimbursement)

In order to be reimbursed, specific items are need for documentation. Ensure you have the below items: *(\*Only needed for events)*

- Copy of print or radio ad
- Invoice or receipt
- Attribution of the soybean checkoff via tag line and/or official Minnesota Soybean Research & Promotion Council logo
- Press release and photos\*
- Agenda/invite\*

*Note: Any co-branded items, will automatically be split 50/50 with MN Corn We will reimburse 100% of annual meeting space but NOT food. \$500 of reimbursement dollars can be used for promo items. The state office can assist with ordering. Work with your regional rep on ordering to ensure items are complaint.*

ACTIVITY DESCRIPTION	TOTAL COST	AMOUNT REQUESTED FROM MN SOYBEAN	SUPPORTING DOCUMENTS INCLUDED?	AMOUNT APPROVED (OFFICE USE ONLY)
	\$	\$	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	\$
	\$	\$	<input type="checkbox"/>	\$

*I hereby declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid.*

**Total Amount Requested:**

\$	\$	\$
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## OFFICE USE ONLY

**County Soybean Rep Approval:** \_\_\_\_\_  
**Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

10-13-00- \_\_\_\_\_ - \_\_\_\_\_  
 10-13-00- \_\_\_\_\_ - \_\_\_\_\_  
 10-13-00- \_\_\_\_\_ - \_\_\_\_\_  
 10-13-00- \_\_\_\_\_ - \_\_\_\_\_  
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