

**Phibro Animal Health Terramycin/Stafac Contribution Program
Authorization to Participate and Quarterly Tracking Form**

Farm/Company Name _____

Contact Name _____

Address _____

Phone No. _____ Mobile No _____

Email Address _____

1. Total amount of quarterly purchase: Terramycin _____ (pounds)
Stafac _____ (pounds)

AND

2. Total dollars purchased quarterly: Terramycin \$ _____
Stafac \$ _____

Must attach invoices/proof of performance for documentation of above information

Check Submission Quarter:

_____ January-March 2008
_____ April-June 2008
_____ July-September 2008
_____ October-December 2008

Authorization to participate in the program and release information attached to Phibro Animal Health:

I, _____, agree and give the IPPA permission to participate in the Phibro Terramycin/Stafac Contribution Program

Authorization Signature _____

Date _____

**This form must accompany each quarterly submission. Please duplicate this form as needed. Mail or fax this form and attached invoices/proof of purchases information to the IPPA. Remit to Iowa Pork Producers Association, PO Box 71009, Clive, IA 50325
Fax No. is 515.225.0563**