

Partner's Program

Proofs of Purchase Submission Form

Tribute[®] Partner's Program Account Number: _____

Organization name and address: _____

Organization's Contact Person: _____

Telephone Number: _____

Email Address: _____

Date Submitted: _____ *Please allow at least 4 weeks to process all credits.*

Proofs of Purchase:	Quantity	Total
Tribute [®] Feeds	_____ X \$.25 per proof	_____
Bulk Products	_____ tons X \$10/ton	_____

Mail this form along with your neatly bundled and counted, original proofs of purchase to:

Kalmbach Feeds Inc.
c/o Partners Program
7148 State Highway 199
Upper Sandusky, OH 43351
(888) 771-1250