

Biosecurity Payment Certification Form

Biosecurity Receipt

Novel Swine Enteric Coronavirus Diseases

I, _____, certify that I have followed the cleaning and disinfecting protocols for _____ (*premises number*) at _____ (*name and*

location of affected herd) in accordance with the Herd Management Plan for this premises. During

the period of _____ (*date*) to _____ (*date*), costs for vehicle cleanings and disinfection and or disinfectant costs (for example for disinfecting swine buildings) were incurred

for _____ (*reason e.g., washing vehicle for movement of pigs or purchase of disinfectant to disinfect a feed delivery truck*).

I request the amount of \$_____ in reimbursement for these activities and disinfectant costs and certify that the services were rendered in accordance with the Herd Management Plan for the premises.

Signature Date
Approved for Payment:

Signature of Approving Official Date
Accounting Code:
BOCC: 2559
Amount Approved: \$_____