

**C.A.I.P.**

***County Agricultural Investment Program***

***Shelby County***

**Approved Applicant Itemization Form**

NAME: \_\_\_\_\_

FSN (Farm Serial Number): \_\_\_\_\_

Investment Area(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funding Requirements**

- COPY OF RECEIPTS
- COPY OF CANCELLED CHECKS (COPY OF CHECK IMAGE IS FINE)
- ON-FARM SITE VISIT IF REQUESTED BY SHELBY CO. CAIP ADMINISTRATOR
- EDUCATIONAL MEETING ATTENDED
- PLEASE TOTAL YOUR RECEIPTS FOR EACH INVESTMENT AREA

**LIST YOUR EXPENSE TOTALS FOR THE ATTACHED RECEIPTS HERE** (attach additional sheet if necessary)

Store and Items Purchased	\$ Amount
<b>Total</b>	<b>\$</b>