C.A.I.P.

County Agricultural Investment Program

Shelby County	<i>County</i>
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Approved Applicant Itemization Form

NAME:			_
FSN (Farm Serial Num	ber):		
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
Total	\$