

Wyoming Bean Commission - Assessment Form

Quarter Reporting _____ **20** _____

After completion, mail with remittance to:

Wyoming Department of Agriculture
Attn: Wyoming Bean Commission
2219 Carey Avenue
Cheyenne, WY 82002-0100

Dept use only
Pay
Reconcile
Date

This form must be received at the WDA/WBC office with payment no later than 15th day of the month following the end of the quarter

Name _____
 Address _____
 City, State, Zip _____
 Date _____

	Settlement Total	Rate	Total collected
Beans Purchased this Quarter		0.0051	\$ -
Total amount remitted			\$ -

Signature of person completing form:

Title: _____

Phone: _____

Please list the Name(s) of Growers & Address on next page.

