



Two generations of veterinarians caring & working for the health of animals.

Lafeber Company Student Program*

Report for Work Done in the Month of _____ Page 1/2*

Student Representative _____
 University _____
 Club or Organization _____
 School Shipping Address** _____

 (ATTN): _____
 Club Advisor Name _____
 Advisor Email _____
 Student Local Address _____

 Student Phone _____
 Student E-mail _____

* Complete this section at the beginning of the year **OR** if information changes.
 **Unless otherwise specified, all products, invoices, and literature will be sent to the attention of the student representative via the school shipping address listed above.

Teaching Hospital Participation ^a

Previous balance	Amount spent this month	<i>Purchase order reference number</i>	Remaining balance ^b

- a Submit teaching hospital orders separately and please note the products requested are for the teaching hospital or ancillary services.
- b There is an annual \$500 credit for the teaching hospital at applicable institutions

Discuss all activities accomplished during the previous month: Page 2/2

How many students were involved or impacted by each activity?

Any recommendations for improving the Lafeber Company. Student Program?

1. Managing student food orders:

2. Managing teaching hospital orders:

3. Sponsorship of meeting(s):

4. Promotion of Lafeber products and LafeberVet at University continuing education (CE) functions related to exotic animal medicine:

± Special projects:

Attach brief project proposals for special requests (i.e. speakers or funding of additional events).

Please send this form monthly to Christal Pollock at LafeberStudents@mac.com.