



*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***

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

*** Teaching Hospital Annual Credit Orders have moved online. Please complete this form only if the order form has been used instead.

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.