



INVOICE FOR TIP PAYMENT

This form is to be completed by the trainer and submitted to directly to the MHF office; FAX: 512.869.3229 / PO Box 979, Georgetown, TX 78627

Trainer Name: _____

Freezemark: _____

Trainer Address: _____

Pick Up Date: _____

Pick Up Location: _____

Trainer Phone: _____

MUSTANG

Trainer E-Mail: _____

BURRO

Trainer Soc. Sec. #: _____

Adopter/Purchaser Name: _____

_____ Training Assessment Completed by Adopter

_____ Adoption Application Sent in by Adopter

_____ PMACA and Payment Returned by Adopter

_____ Horse Released to Adopter

I hereby request payment for the training and adoption of the TIP horse listed above. I have completed the necessary documentation per BLM and MHF regulations.

Trainer Signature: _____ Date: _____

MHF Signature: _____ Date: _____

*Must be faxed or mailed to MHF offices: PO Box 979, Georgetown, TX 78626 / FAX (512) 869-3229. Pending approval and copy of PMACA from BLM, payment will be made within 10 business days. An individual invoice must be submitted for each horse. Payment may be forfeited if Invoices are not received within 60 days of completed adoption.

OFFICE USE: Payment Processed Date _____ Ck # _____

Check Amount _____