

Teacher/School Information																																					
School Name:																																					
District Name:																																					
Name of Teacher:																																					
Address (include city, state, zip):																																					
Email:	Phone #:																																				
Make reimbursement check payable to: (Note: we cannot reimburse individuals)																																					
Dairy Lesson Plan Information																																					
Name(s) of Dairy-focused lesson(s):																																					
Total number of students in course(s):																																					
Briefly describe your dairy-focused lesson(s) and include the names of the recipes made.																																					
<p>To be reimbursed, check the box(es) next to the dairy product(s) used in your lesson(s).          (Note: Receipts should reflect the dairy products checked below.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>Butter</td> <td><input type="checkbox"/></td> <td>Evaporated Milk</td> <td><input type="checkbox"/></td> <td>Powdered Milk</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Buttermilk</td> <td><input type="checkbox"/></td> <td>Ghee</td> <td><input type="checkbox"/></td> <td>Sour Cream</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Casein</td> <td><input type="checkbox"/></td> <td>Heavy Whipping Cream</td> <td><input type="checkbox"/></td> <td>Sweetened Condensed Milk</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cheese</td> <td><input type="checkbox"/></td> <td>Ice Cream</td> <td><input type="checkbox"/></td> <td>Whey</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cottage Cheese</td> <td><input type="checkbox"/></td> <td>Milk</td> <td><input type="checkbox"/></td> <td>Yogurt</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cream Cheese</td> <td><input type="checkbox"/></td> <td>Kefir</td> <td><input type="checkbox"/></td> <td>Other (specify):</td> </tr> </table>		<input type="checkbox"/>	Butter	<input type="checkbox"/>	Evaporated Milk	<input type="checkbox"/>	Powdered Milk	<input type="checkbox"/>	Buttermilk	<input type="checkbox"/>	Ghee	<input type="checkbox"/>	Sour Cream	<input type="checkbox"/>	Casein	<input type="checkbox"/>	Heavy Whipping Cream	<input type="checkbox"/>	Sweetened Condensed Milk	<input type="checkbox"/>	Cheese	<input type="checkbox"/>	Ice Cream	<input type="checkbox"/>	Whey	<input type="checkbox"/>	Cottage Cheese	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Yogurt	<input type="checkbox"/>	Cream Cheese	<input type="checkbox"/>	Kefir	<input type="checkbox"/>	Other (specify):
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Submit your request as soon as possible within the semester. This program is offered on a first-come, first-served basis as funding is limited.

**Return the reimbursement form and all receipts by May 1, 2026.**

- **Email:** [info@stldairycouncil.org](mailto:info@stldairycouncil.org)
- **Fax:** 314-835-9969
- **Mail:** SLDDC 325 N. Kirkwood Rd., suite 222, St. Louis MO 63122

