

## Compensation Claim for Crops Destroyed by Elk

**PART B. To be completed by an Approved Agent**

Claim # (MDA will fill this in):

Claimant Name:

Approved Agent Name:

Date Reported:

Date Investigated:

Evidence of elk (see instructions):

Amount of loss (see instructions):

Agent Hours:

Agent Miles:

I have inspected the destroyed or damaged crop and find that the above described loss occurred, that the evidence indicates the crop was damaged or destroyed more probably than not by elk and that the above descriptions are accurate.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**To be completed by the Minnesota Department of Agriculture**

Agent Fee @ rate established by MDA	
Agent Mileage @ current IRS rate	
Total agent reimbursement	
Agent vendor number:	Loc No:
Purchase order number:	Loc No:

\_\_\_\_\_  
Signature, MDA

\_\_\_\_\_  
Date