

## Altered Placement Claim Form

Date Submitted: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Flock#: \_\_\_\_\_

Board Ordered Placement Date: \_\_\_\_\_

Board Ordered Placement Week: \_\_\_\_\_

Actual Placement Date: \_\_\_\_\_

Total Allocated Placement Females: \_\_\_\_\_

(including 4% frees)

Next Placement Date: \_\_\_\_\_

Barn Square Footage: \_\_\_\_\_

Comments:

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR AHEP OFFICE ONLY**

\_\_\_ *Approved*      Credit/Debit Calculation:

Birds Placed/Day:

\_\_\_ *Not Approved*      *Reason:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*