Approved	0579-XXXX
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		U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE STATEMENT OF SERVICES (Refer to APHIS Directive 402.3 or VS Memo 533.1)	2. DATE OF SERVICE 3. ACCOUNT NUMBER						
1. NAME AN	D ADDRESS			4.		BILL			,
				5. CONȚI		ABER			
		SERVICES PR	OVIDED						
6. CODE	7.	DESCRIPTIONS	8.	COST PER UNIT	9.	NO. OF UNITS	10.	TOTAL	•
			-	_					
			5.0						
FOR OVERT	IME SERVICE	S ATTACH AN APHIS FORM 89	1	1. TOTAL AM	OUNT DI	JE	\$		

12. REMARKS

13. Payment is du Checks should the interest of the delinquent debt with the remitta	14. PAYMENT TYPE:					
For questions a	about account(s), contact:	ser Fees, P.O. Box 955683, St. Lo rvicing Office: (612) 370-2291 FA		15. AMOUNT ENCLOSED \$		
16. DATE	17. AMOUNT	18. CHECK NUMBER	PLEASE CONTACT:			
20. SIGNATURI	E					
		NOTIC	E TO PAYER	A REAL COMPANY		

If tender of payment of this bill is other than cash or United States postal money order, this receipt shall not become an acquittance until such tender has been cleared and the amount received by the Department or Establishment and Bureau or Office indicated above.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average from .033 to .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.