|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0101. The time required to complete this information collection is estimated to average 2.5 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. | | | | | | | No further monies or other benefits will be paid out under this program unless this report is completed and filed as required by existing regulations (9 CFR 50). | | |
| **U.S. DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **PROCEEDS FROM ANIMALS SOLD FOR SLAUGHTER** | | | | | | | | | OMB APPROVED  0579-0101  EXP DATE XX/XXXX |
| REACTOR  TAG  NUMBERS | DESCRIPTION OF ANIMALS  BREED AND MARKINGS | WEIGHT | PRICE  PER  POUND | GROSS  RECEIPTS | | EXPENSES 1/ | | | NET PROCEEDS  PAID TO OWNER OF EACH ANIMAL |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  |  | |  |  |
| **ABOVE REACTORS SOLD TO *(Name of slaughter establishment)*** | | | | | | | | | |
| **CERTIFICATION**  **□ Purchaser □ Seller**  **I certify that the sum(s) shown above which has been paid represents the net salvage from said animals.** | | | | | | | | | |
| **PAID TO *(Owner or Agent)*** | | | | | | | | **DATE OF TRANSACTION** | |
| **NAME OF PURCHASER OR SELLER** | | | | | | | | | |
| **By *(Signature)*** | | **TITLE** | | | | | | **DATE** | |
| **Show the total expenses of marketing, including charges for transportation, feeding, yardage, slaughter, and commission for selling agents.** | | | | | | | | | |
| **VS FORM 1-24**  **DEC 2011** | | | | | | | | | |