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OMB Approved
0579-XXXX
Exp.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

1. ACCOUNTING CLASSIFICATION

STATEMENT OF SERVICES PERFORMED

2. NAME AND ADDRESS OF PAYEE (Include Street Address and ZIP Code)

3. PERIOD ENDING

4. CONTRACT OR AGREEMENT NUMBER

5. LOCATION OF VETERINARY SERVICES OFFICE

6. DATE OF SERVICE	7. NAME AND ADDRESS OF HERD OWNER	8. TYPE OF SERVICE	9. NUMBER OF UNITS	10. RATE PER UNIT	11. AMOUNT
				\$	\$

12. CERTIFICATION

I certify that the number of units identified is correct, that the service rendered was in accordance with my contract or agreement and that payment has not been received from any other source.

13. SIGNATURE OF PAYEE

DATE SIGNED

14. SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED