of information unless it displays a valid OMB control number. The valid OMB control nu required to complete this information collection is estimated to average .10 hours per re	ing 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 mation unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-XXXX. The time do to complete this information collection is estimated to average .10 hours per response, including the time for reviewing instructions, ng existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.				
UNITED STATES DEPARTMENT OF AGRICULTUR ANIMAL AND PLANT HEALTH INSPECTION SERVIC VETERINARY SERVICES STATEMENT OF SERVICES PERFO	CE	1. ACCOUNTING C	CLASSIFICATION		
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. AMOUN
				\$	\$
	1	2. CERTIFICATION		1	
	f units identified is correct, that the service rendered was in accord	ance with my contract or agreement and that	payment has not been re		
IGNATURE OF PAY	EE			DATE	SIGNED