

**U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 LIVESTOCK, POULTRY, AND SEED PROGRAM**

The information is needed as a basis of payment for performing shell egg surveillance work. Response is required to obtain payment (7 CFR 57).

INSTRUCTIONS: Prepare in four copies. Send original and two copies to reach the applicable Federal-State Supervisor no later than the 20th of the month following the end of the reporting quarter. Retain the last copy for your records.

SHELL EGG SURVEILLANCE QUARTERLY COST REPORT

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|--|----------------------------------|
| 1. COOPERATING AGENCY (<i>Name and Location</i>) | 2. REPORTING QUARTER (From-Thru) |
|--|----------------------------------|

ACTUAL DIRECT COSTS

| 3. PERSONNEL SALARY COSTS | Total Cost | |
|---|--------------|----------------------------------|
| | Travel Hours | Work Hours |
| | Total Hours | Total Cost |
| a. Inspector..... | | |
| b. Supervisor..... | | |
| c. Clerical..... | | |
| d. Total Personnel Salary Costs (a+b+c)..... | | |
| 4. FRINGE BENEFITS | | Explanation |
| e. Line d times _____ % Percentage Rate..... | | |
| 5. TRAVEL COSTS | | Explanation - Other Travel Costs |
| f. Total miles _____ times \$ _____ ¢ per mile..... | | |
| g. Lodging and meals..... | | |
| h. Other travel costs (Explain)..... | | |
| i. Total Travel Cost (f+g+h)..... | | |
| 6. OTHER COSTS | | Explanation |
| j. Telephone (Explain)..... | | |
| k. Supplies (Explain)..... | | |
| l. Miscellaneous (Explain)..... | | |
| m. Total Other Costs (j+k+l)..... | | |
| 7. TOTAL ACTUAL DIRECT COSTS (d+e+i+m)..... | | |

INDIRECT COST (If Applicable)

| | |
|--|-------------|
| 8. Applicable portion of line 7 times _____ % Approved Percentage Rate | Calculation |
| 9. TOTAL QUARTERLY COSTS (7+8)..... | |

10. REMARKS (*continue on reverse if needed*)

| | | |
|---|-----------|----------|
| 11. SIGNATURE OF STATE REPRESENTATIVE | 12. TITLE | 13. DATE |
| 14. SIGNATURE OF FEDERAL-STATE SUPERVISOR | | 15. DATE |

NOTE: 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 0581-0113. The time required to complete this information collection is estimated to average 1.5 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.

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