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USDA
Form RD 1924-11
(Rev. 1-98)

Form Approved
OMB No. 0575-0042

# STATEMENT OF LABOR PERFORMED

| NAME OF WORKER | DATE | ITEM OF DEVELOPMENT ON WHICH WORK WAS PERFORMED | NUMBER OF HOURS | RATE PER HOUR | TOTAL PER PERIOD | PAID BY CHECK NO. |
|---|---|---|---|---|---|---|
| | | | | | 0.00 | |
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| | | | | | 0.00 | |

Position

I received the services and the above statement is correct.

| SIGNATURE OF BORROWER | DATE: |
|---|---|
| | |

*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 valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes 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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**• U.S.GPO: 1998-655-007/61521**

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