**INSTRUCTIONS:** Use this form when a single information collection document involves multiple reporting and recordkeeping requirements. The totals of the figures in cols. should be entered in item 13 of OMB-83-1: cols. (D) &/or (I) = 13a (respondent is only counted once); cols. F & I = 13b; cols. H & K = 13c.

Discharge Delivery Survey Summary and Rate Schedule Forms

TITLE OF INFORMATION COLLECTION DOCUMENT

**ОМВ NO.** 0581-0317

(F)Total/(D)Total = (E)Average (H)Total/(F)Total =

(G)Average (K)Total/(I)Total = (J)Average

**NOTE:** The columns will calculate automatically. If Col. E's response is something other than annually, i.e., 1/6 years, list as "1/6" & decimal will display.

4/6/2020

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN							
			REPORTS						RECORDS	
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD- KEEPERS	ANNUAL HOURS PER RECORD-	TOTAL RECORD- KEEPING HOURS (Col. I x J)
(4)	(0)	(0)	(D)	RESPONDENT	(5)	(0)	(10)	(1)	KEEPER	40
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
22 CFR 211.9	Discharge Delivery Survey Summary	KC-334	6	75.0000	450.00	0.5000	225.00			0.00
22 CFR 211.9	Rate Schedule	KC-337	35	1.0000	35.00	0.2500	8.75			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
	SUBTOTAL				485.00		233.75			0.00
	TOTAL OF ALL PAGES		41.00		485.00		233.75	0.00		0.00
TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c					485.00		233.75			