

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

STATEMENT OF SERVICES (Refer to APHIS Directive 402.3 or VS Memo 533.1)



-	MILOF	ERVICE		
3. /	CCOUNT	NUMBER	1 1 1	

_				
1.	NAME	AND	ADDRESS	

4.		
	BILL	PAID
5. CONT	ROL NUMBER	

		SE	ERVICES PROVIDED					
6. CODE	7.	DESCRIPTIONS	8	COST PER UNIT	9. NO UNI	F	TOTAL	
				621				
								1
FOR OVERT	TIME SERVICES ATTACH AN A	PHIS FORM 89		11. TOTAL A	MOUNT DUE	s		

12. REMARKS

13. Payment is due Checks should interest of the delinquent debt with the remittar	14. PAYMENT TYPE: CHECK MONEY ORDER CREDIT CARD			
For questions a	bout account(s), contact:	ser Fees, P.O. Box 955683, St. Lo		15. AMOUNT ENCLOSED \$
16. DATE	17. AMOUNT	18. CHECK NUMBER	PLEASE CONTACT:	ENNING THIS STATEMENT
20. SIGNATURE				

If tender of payment of this bill is other than cash or United States postal money order, this receipt shall not become an acquittance until such tender has been

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(Previous editions may be used.)

cleared and the amount received by the Department or Establishment and Bureau or Office indicated above.

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