This form is available electronically.

FSA-85-1 U.S. De (03-26-03) Reporting and R	1. OMB N	1. OMB No. 0560-0183 2. Title of Clearance Assignments of Payments and Joint Payment authorizations								
3.	4.	5.	6.	7.			Annual Burden on the Public I. 8 x 9=10 and Col. 10 x 11=12)			
Description (Title of Form, Report or Record)	Report	Record	Form No.	Regulation Part/Sec.	8.	9.	10.	11.	Total Bu	12. Irden Hours
					No. of Respondents	No. of Reports Filed Per Person	Total Annual Responses	Average Time to Respond	Exempt	Non-Exempt
Assignment of Payment	Х		CCC-36 or CCC- 36(SP)	7 CFR 1404.4	93,423	1	93,423	10 min		15,570
Notice of Assignment	Х		CCC-251	7 CFR 1404.4	80	1	80	10 min		13
Instrument of Assignment	Х		CCC-252	7 CFR 1404.4	80	1	80	5 min		7
Joint Payment Authorization	Х		CCC-37 or CCC- 37(SP)	None	29,359	1	29,359	10 min		4,893
Request For FSA Payment of Federal Benefits by Check (Req.	Х		CCC-40 or CC-40 (SP)	31 CFR Part 208	3,600	1	3,600	10 min		600
TOTALS []					126,542	1	126,542			21,083