

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
LIVESTOCK AND POULTRY 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: Send copy to reach the applicable supervisor no later than the 20th of the month following the end of the reporting quarter. Retain a copy for your records.

SHELL EGG SURVEILLANCE
QUARTERLY COST REPORT

1. COOPERATING AGENCY (Name and Location) 2. REPORTING QUARTER (From-Thru)

ACTUAL DIRECT COSTS

Table with columns for Personnel Salary Costs, Fringe Benefits, Travel Costs, and Other Costs. Includes sub-sections 3 through 7 with various cost categories and a total line.

INDIRECT COST (if Applicable)

Table for Indirect Cost calculation, including line 8 (Applicable portion of line 7 times % Approved Percentage Rate) and line 9 (TOTAL QUARTERLY COSTS (7+8)).

10. REMARKS (continue on reverse if needed)

Signature and Title fields for State Representative, Supervisor, and Compliance Officer, each with a corresponding date field.

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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