

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)



3. ACCOU	NT NUMBER	

_				
1.	NAME	AND	ADDRESS	

4.		
	BILL	PAID
5. CONT	ROL NUMBER	

		SE	RVICES PROVIDED				
6. CODE	7.	DESCRIPTIONS	8.	COST PER UNIT	9. NO. OF UNITS	10.	
				-			
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 debts with the remittan	14. PAYMENT TYPE: CHECK MONEY ORDER CREDIT CARD				
USDA, APHIS, User Fees, P.O. Box 955683, St. Lou For questions about account(s), contact: APHIS Field Servicing Office: (612) 370-2291 FAX			K: (612) 370-2073	15. AMOUNT ENCLOSED \$	
16. DATE	17. AMOUNT	18. CHECK NUMBER	19. IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMEN PLEASE CONTACT:		
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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