

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE (APHIS)**

**REPORT OF REIMBURSABLE OVERTIME (ROT)  
FOR INSPECTION AND QUARANTINE SERVICE**

1. SERIAL NO.

**SECTION I – APHIS SUBMITTING OFFICE**

2. ADDRESS (Include Zip Code)	3. TELEPHONE NO. (Include Area Code)	4. LOCATION CODE	5. APHIS FORM 89 TO BE DELETED OR REPLACED (Enter Serial No.)
-------------------------------	---	------------------	--

**SECTION II – SERVICE REQUEST**

6. CUSTOMER NAME	7. CUSTOMER ADDRESS	8. CUSTOMER TELEPHONE NO. (Include Area Code)
9. CUSTOMER NUMBER	10. LOCATION OF SERVICE	
11. SERVICE REQUESTED		12. SERVICE CODE

**SECTION III – REPORT OF WORK**

13. CURRENT OVERTIME (O/T) RATES PER HOUR (AUTHORITY: 7 U.S.C. §§ 7701-7786, and 8301-8317; 7 CFR PART 354)		a. COMMUTED TRAVEL TIME (CTT)	b. REGULAR (REG) O/T (Monday – Saturday and Holiday)	c. SUNDAY (SUN) O/T		
<input type="checkbox"/> Aircraft, Commercial <input type="checkbox"/> Aircraft, Private <small>(\$25 Maximum)</small> <input type="checkbox"/> Aircraft, Military <input type="checkbox"/> Other						
14. DATE OF SERVICE (MM/DD/YY)	15. OFFICER NAME	16. SERVICE IDENTIFIER (Customs Entry No., Air Waybill No., Bill of Lading No. (Ocean, Truck, Rail), Container No., Flight No., Aircraft Tail No., and other identifier relating to the service code)	17. WORK TIME (Military Hours) A minimum 2-hr call back time may be applied.		18. O/T HOURS Record hours and minutes in 15 minute increments, and round to the nearest 15-minute increment.	
			IN	OUT	CTT	REG
(a)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				
(b)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				
(c)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				
(d)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				
(e)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				
(f)						
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T				

**SECTION III continued**

14. DATE OF SERVICE (MM/DD/YY)	15. OFFICER NAME	16. SERVICE IDENTIFIER (Customs Entry No., Air Waybill No., Bill of Lading No. (Ocean, Truck, Rail), Container No., Flight No., Aircraft Tail No., and other identifier relating to the service code)	17. WORK TIME (Military Hours) A minimum 2-hr call back time may be applied.		18. O/T HOURS Record hours and minutes in 15 minute increments, and round to the nearest 15-minute increment.		
			IN	OUT	CTT	REG	SUN
(g)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(h)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(i)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(j)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(k)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(l)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(m)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(n)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
(o)							
		DESCRIPTION <input type="checkbox"/> 2-hr Min O/T					
O/T HOURS TOTAL							

**SECTION IV – CERTIFICATION**

I certify that the services recorded above were performed.

19. OFFICER NAME AND TITLE	20. SIGNATURE	21. TELEPHONE NO.	22. DATE
----------------------------	---------------	-------------------	----------

**SECTION V – PAYMENT INFORMATION**

23. AMOUNT PER O/T CATEGORY	a. CTT O/T (Items 13a X 18 CTT Total)	b. REGULAR O/T (Items 13b X 18 REG Total)	c. SUNDAY O/T (Items 13c X 18 SUN Total)
	\$	\$	\$
24. TOTAL AMOUNT OF REIMBURSABLE OVERTIME (Total \$ amount of Items 23a through 23c)			\$
25. METHOD OF PAYMENT			
<input type="checkbox"/> BILLING <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH ON DELIVERY (COD) (Complete Items 26, 27)			
26. CHECK OR MONEY ORDER NO.		27. ACCOUNTING CODE	
28. REMARKS			