



## **INSTRUCTIONS FOR COMPLETION OF PPQ FORM 950, STATEMENT OF SERVICES/INVOICES/RECEIPT**

- Item 1 – **ORIGINATING OFFICE TELEPHONE NUMBER** – Enter issuing Office's telephone number.
- Item 2 – **CONTROL NUMBER** – This is a five digit sequential numbering of documents for each office starting with 00001.
- Item 3 – **SERVICE DATE** – Date service is provided. If the service extends over 2 days, enter the beginning date.
- Item 4 – **IRS TAX ID NUMBER** – The taxpayer identification number (TIN) is an IRS assigned employer identification number. All Federal agencies are required to obtain a TIN number from each person doing business with that agency.
- Item 5 – **REMITTER'S NAME** – Customer's name.
- Item 6 – **REMITTER'S ADDRESS** – Customer's complete mailing address.
- Item 7 – **REMITTER'S TELEPHONE NUMBER** – Customer's telephone number including area code.
- Item 8 – **INSPECTION PERIOD** – Inspection timeframe.
- Item 9 – **UNIT COST** – This is the current hourly and quarterly cost for each service.
- Item 10 – **NUMBER OF UNITS** – Fill in the number of units next to the service provided. For example, if service is provided outside the normal tour of duty on a Sunday and takes 2 ¾ hours, enter "2" in the Hours column and "3" in the Quarters column. Complete the Commuted Travel Time column following 7 CFR § 354.2.
- Item 11 – **TOTAL DOLLARS** – This represents the total amount for that particular line. Multiply the cost per unit by the number of units, and the total in this block.
- Item 12 – **TOTAL AMOUNT DUE** – Add all the amounts in item 11. "Total Dollars, and enter here.
- Item 13 – **TYPE OF INSPECTION** – Check the appropriate box indicating the reason for the user fee charge.
- Item 14 – **IDENTIFICATION OF CARGO** – Complete applicable information to identify specific cargo inspected.
- Item 15 – **REMARKS** – Use this space for any additional comments.
- Item 16 – **PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE** – Signature required of person completing the inspection.
- Item 17 – **SIGNATURE DATE** – Date of signature.
- Item 18 – **DATE RECEIVED** – This is the date that the Plant Protection and Quarantine Office received payment for the services.
- Item 19 – **AMOUNT RECEIVED** – Enter the amount of the payment received.
- Item 20 – **PAYMENT TYPE** – Check the appropriate box for the form of payment. If a check or money order is received, include the check or money order number. If paying by credit card, include the credit card number, the expiration date, and have the customer sign by authorized signature (if the signature is not on file – as noted next to Item 20.)

### **Paperwork Reduction Act Notice**

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 0579-0055. The time required to complete this information collection is estimated to average 6 minutes 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.