

**Exhibit C**

Freight Forwarder's Letterhead

Carrier's Broker Name  
Address

Dear Carrier's Broker -

Your signature below confirms that all invoicing for freight services provided by Carrier Name was completed under [[Agreement Number]], WBSCM freight purchase order number(s) #####, for country name and PVO. To facilitate the de-obligation of unused balances associated with this contract please advise us as follows:

[[Carrier Name and/or Carrier's Broker's Name]], on behalf of [[Carrier's Name]], have submitted all invoices to and received payments required under the above agreement from USDA's Paying Office.

( ) YES ( ) NO

Sincerely,  
Freight Forwarder

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Type or Print Name of Carrier or Authorized Representative

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Signature of Carrier or Authorized Representative and Date

cc: USDA/FAS/TLB  
PVO  
Carrier

The public reporting burden for this information collection is estimated to be 5 minutes. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Department of Agriculture, Foreign Agricultural Service, Office of Capacity Building and Development, Food Assistance Division, Attn: OMB Number (0551-0035), 1400 Independence Avenue, S.W., Washington, DC 20250-1034. You are not required to respond to this collection of information unless a valid OMB control number is displayed.