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OMB Approved  
0579-XXXX  
Exp. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

**STATEMENT OF SERVICES PERFORMED**

1. ACCOUNTING CLASSIFICATION

2. NAME AND ADDRESS OF PAYEE *(Include Street Address and Zip Code)*

3. PERIOD ENDING

4. CONTRACT OR AGREEMENT NUMBER

4. LOCATION OF VETERINARY SERVICES OFFICE

6. DATE OF SERVICE	7. NAME AND ADDRESS OF HERD OWNER	8. TYPE OF SERVICE	9. NUMBER OF UNITS	10. RATE PER UNIT	11. AMOUNT
				\$	\$

12. CERTIFICATION

I certify that the number of unit identified is correct, that the eservice rendered was in accordance with my contract or agreement and that payment has not been received from any other source.

13. SIGNATURE OF PAYEE

DATE SIGNED

14. SIGNATURE OF APPROVING OFFICIAL

DATE SIGNED