

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
LIVESTOCK AND POULTRY PROGRAM

The information is needed as a basis of payment for performing shell egg surveillance work. Response is required to obtain payment (7 CFR 57).

INSTRUCTIONS: Send copy to reach the applicable supervisor no later than the 20th of the month following the end of the reporting quarter. Retain a copy for your records.

SHELL EGG SURVEILLANCE
QUARTERLY COST REPORT

1. COOPERATING AGENCY (Name and Location)

2. REPORTING QUARTER (From-Thru)

ACTUAL DIRECT COSTS

Table with 5 main sections: 3. PERSONNEL SALARY COSTS (with sub-rows for Inspector, Supervisor, Clerical, and Total Personnel Salary Costs), 4. FRINGE BENEFITS (with sub-row for Line d times % Percentage Rate), 5. TRAVEL COSTS (with sub-rows for Total miles, Lodging and meals, Other travel costs, and Total Travel Cost), 6. OTHER COSTS (with sub-rows for Telephone, Supplies, Miscellaneous, and Total Other Costs), and 7. TOTAL ACTUAL DIRECT COSTS (d+e+i+m).

INDIRECT COST (if Applicable)

Table with 2 rows: 8. Applicable portion of line 7 times % Approved Percentage Rate (with Calculation column) and 9. TOTAL QUARTERLY COSTS (7+8).

10. REMARKS (continue on reverse if needed)

Table with 6 rows for signatures and dates: 11. SIGNATURE OF STATE REPRESENTATIVE, 12. TITLE, 13. DATE, 14. SIGNATURE OF SUPERVISOR, 15. DATE, 16. SIGNATURE OF COMPLIANCE OFFICER, 17. DATE.

NOTE: 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 0581-0113. The time required to complete this information collection is estimated to average 1.5 hours 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.

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