

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE**

REMEDIAL MEASURES BILLING
(Statement of Services)

1. ORIGINATING OFFICE AND TELEPHONE NO.

2. LOCATION CODE (4 Digits)

3. SERVICE DATE

4. IRS TAX ID NO./SS NO.

5. OWNER/AGENT NAME

6. OWNER/AGENT ADDRESS

7. OWNER/AGENT TELEPHONE NO.

NOTE: Partial units must be in quarter increments (e.g., 15 minutes = 1; 30 minutes = 2; 45 minutes = 3)

8. REIMBURSABLE TIME (2 hour minimum)	9. UNIT COST		10. NUMBER OF UNITS		11. TOTAL DOLLARS
	FOR HOURS	FOR QUARTERS	FOR HOURS	FOR QUARTERS	
Normal Tour of Duty	\$56.00	\$14.00			
Outside Normal Tour of Duty					
Sunday/Holiday	\$74.00	\$18.50			
Other than Sunday/Holiday	\$65.00	\$16.25			
Commuted Travel Time (If applicable under 7 CFR § 354.2)	\$65.00	\$16.25			
					12. TOTAL REIMBURSABLE CHARGE \$ _____
13. ADDITIONAL COSTS (See Attached Invoice(s))					14. TOTAL ADDITIONAL COSTS \$ _____
<input type="checkbox"/> Destruction \$ _____ <input type="checkbox"/> Treatment \$ _____ <input type="checkbox"/> Handling \$ _____ <input type="checkbox"/> Transit \$ _____ <input type="checkbox"/> Other \$ _____					
15. IDENTIFICATION OF CARGO					16. TOTAL AMOUNT DUE \$ _____
Carrier _____ Entry No. _____ Airway Bill/ Bill of Lading No. _____ Broker Reference No. (If Applicable) _____					

17. REMARKS

CERTIFICATION: I CERTIFY THAT SERVICES RECORDED ABOVE WERE PERFORMED.

18. PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE

19. SIGNATURE DATE