

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

**AIRCRAFT MAINTENANCE FLAT RATE (AMFR)  
INVOICE**

1. INTERNAL OFFICE INVOICE NUMBER

**FOR FMD USE ONLY**

FMMI DOCUMENT NUMBER

FMD APPROVED

YES  NO

2. REQUESTING OFFICE

3. ACCOUNT INFORMATION *(of the AMFR associated with the CSA. The office managing the CSA completes Items 3a-f.)*

a. BDPD	b. FUND CENTER	c. WBS AP.FO.FR.	d. LINE NUMBER
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e. SALES ORDER NUMBER	f. CUSTOMER NAME
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4. RECEIVING ORGANIZATION *(aircraft's home State)*

a. STATE	b. OH FUND CENTER	c. OH WBS
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**5. AERIAL OPERATIONS INFORMATION**

ITEM	a. TYPE OF AERIAL WORK PERFORMED	b. DATES	c. TAIL NUMBER	d. NUMBER OF HOURS	e. AIRCRAFT TYPE	f. HOURLY RATE	g. TOTAL
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
6. TOTAL HOURS					7. TOTAL AMOUNT		

8. COMMENTS

CURRENT RATES: \$350 PER HOUR FOR HELICOPTERS AND \$101 PER HOUR FOR FIXED WING CRAFT

**16. IF AMFR IS CHARGED TO A CSA ACCOUNT NOT IN THE AIRCRAFT'S HOME OFFICE, ITEMS 16a-f ARE TO BE COMPLETED BY THE CSA MANAGING OFFICE.**

9. REQUESTED BY	10. TELEPHONE NUMBER	a. CSA ACCOUNT CODE OFFICE AND ADDRESS
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11. EMAIL ADDRESS	b. CONTACT NAME
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12. ADDRESS	c. TITLE
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	d. TELEPHONE NUMBER
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13. SIGNATURE OF APPROVING WS OFFICIAL <i>(or authorized representative)</i>	14. DATE	e. SIGNATURE OF APPROVING OFFICIAL, CSA OFFICE
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15. NAME AND TITLE OF APPROVING WS OFFICIAL <i>(or authorized representative)</i>	f. EMAIL ADDRESS
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