

Please see reverse for completion instructions.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE IMPORTATION ACTIONS ON WOOD PACKAGING MATERIAL <i>(Statement of Services/Invoices/Receipt)</i>		1. ORIGINATING OFFICE TELEPHONE NUMBER	2.. CONTROL NUMBER <i>(5 Digits)</i>
		3. SERVICE DATE	4. IRS TAX ID NUMBER
5. REMITTER'S NAME	6. REMITTER'S ADDRESS	7. REMITTER'S TELEPHONE NUMBER	

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

8. INSPECTION PERIOD	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 <i>(2-Hour Minimum Charge Required by 7 CFR § 354.1)</i>					
Sunday/Holiday	\$74.00	\$18.50			
Other than Sunday/Holiday	\$65.00	\$16.25			
Commuted Travel Time <i>(If applicable under 7 CFR § 354.2)</i>	\$65.00	\$16.25			
					12. TOTAL AMOUNT DUE

13. TYPE OF INSPECTION
 Validation of Treatment Validation of Mark Manipulation Other _____

14. IDENTIFICATION OF CARGO
 Carrier _____ Bill of Lading Number _____ Broker Reference Number *(If Applicable)* _____

15. REMARKS

16. PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE	17. SIGNATURE DATE
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PAYMENT INFORMATION		
18. DATE RECEIVED	19. AMOUNT RECEIVED	20. PAYMENT TYPE
*Customers using credit Cards on a regular basis may have a signature on file accepting payment terms.		<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <i>(Number)</i> _____ <input type="checkbox"/> Check <i>(Number)</i> _____
		<input type="checkbox"/> Credit Card <i>(Where Applicable)</i> : Account Number _____
		Expiration Date _____
		Authorized Signature* _____

NOTICE TO PAYER
 Payment is due at time of service. If payment of invoice is other than cash or U.S. postal money order, this invoice will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

INSTRUCTIONS FOR COMPLETION OF PPQ FORM 950, STATEMENT OF SERVICES/INVOICES/RECEIPT

Item 1 – **ORIGINATING OFFICE TELEPHONE NUMBER** – Enter issuing Office's telephone number.

Item 2 – **CONTROL NUMBER** – This is a five digit sequential numbering of documents for each office starting with 00001.

Item 3 – **SERVICE DATE** – Date service is provided. If the service extends over 2 days, enter the beginning date.

Item 4 – **IRS TAX ID NUMBER** – The taxpayer identification number (TIN) is an IRS assigned employer identification number. All Federal agencies are required to obtain a TIN number from each person doing business with that agency.

Item 5 – **REMITTER'S NAME** – Customer's name.

Item 6 – **REMITTER'S ADDRESS** – Customer's complete mailing address.

Item 7 – **REMITTER'S TELEPHONE NUMBER** – Customer's telephone number including area code.

Item 8 – **INSPECTION PERIOD** – Inspection timeframe.

Item 9 – **UNIT COST** – This is the current hourly and quarterly cost for each service.

Item 10 – **NUMBER OF UNITS** – Fill in the number of units next to the service provided. For example, if service is provided outside the normal tour of duty on a Sunday and takes 2 ¾ hours, enter "2" in the Hours column and "3" in the Quarters column. Complete the Commuted Travel Time column following 7 CFR § 354.2.

Item 11 – **TOTAL DOLLARS** – This represents the total amount for that particular line. Multiply the cost per unit by the number of units, and the total in this block.

Item 12 – **TOTAL AMOUNT DUE** – Add all the amounts in item 11. "Total Dollars, and enter here.

Item 13 – **TYPE OF INSPECTION** – Check the appropriate box indicating the reason for the user fee charge.

Item 14 – **IDENTIFICATION OF CARGO** – Complete applicable information to identify specific cargo inspected.

Item 15 – **REMARKS** – Use this space for any additional comments.

Item 16 – **PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE** – Signature required of person completing the inspection.

Item 17 – **SIGNATURE DATE** – Date of signature.

Item 18 – **DATE RECEIVED** – This is the date that the Plant Protection and Quarantine Office received payment for the services.

Item 19 – **AMOUNT RECEIVED** – Enter the amount of the payment received.

Item 20 – **PAYMENT TYPE** – Check the appropriate box for the form of payment. If a check or money order is received, include the check or money order number. If paying by credit card, include the credit card number, the expiration date, and have the customer sign by authorized signature (if the signature is not on file – as noted next to Item 20.).