

Veterinary Services Indemnities

Use: Indemnity payments are compensation payments made to individuals or organizations to compensate for the loss or destruction of certain animals and crops. These instructions are specifically for Veterinary Services (VS) Indemnities.

Background: Below is a list of animal indemnities and the related link to the regulations regarding the payment for each disease. For more background information regarding each disease, please visit http://www.aphis.usda.gov/animal_health/animal_diseases/.

- Tuberculosis (9CFR 50) – http://law.justia.com/us/cfr/title09/9cfr50_main_02.html.
- Brucellosis (9CFR 51) – http://law.justia.com/us/cfr/title09/9cfr51_main_02.html.
- Pseudorabies (9CFR 52) - http://law.justia.com/us/cfr/title09/9cfr52_main_02.html.
- Foot and Mouth Disease, Pleuropneumonia, Rinderpest, and certain other communicable diseases of Livestock or Poultry including Infectious Salmon Anemia, Exotic Newcastle Disease, Malignant Catarrhal Fever, and Highly Pathogenic Avian Influenza (9 CFR 53) – http://law.justia.com/us/cfr/title09/9cfr53_main_02.html.
- Scrapie (9 CFR 54) - http://law.justia.com/us/cfr/title09/9cfr54_main_02.html.
- Chronic Wasting Disease (9 CFR 55) - http://law.justia.com/us/cfr/title09/9cfr55_main_02.html.
- Low Pathogenic Avian Influenza (9 CFR 56) - http://law.justia.com/us/cfr/title09/9cfr56_main_02.html.

Please note the following instructions:

1. These instructions were developed for specific agencies of the USDA, currently Animal and Plant Health Inspection Service (APHIS). If you work for an agency other than APHIS, please check with your agency for their requirements.
2. In order for the above identified indemnity payments to be made, Financial Operations Services Team (FOST) must receive the following:
 - **VS Form 1-23*** (Appraisal Indemnity Claim Form), including:
 - Date of Receipt of Invoice by APHIS
 - Vendor Name
 - Indemnification Address (cannot be a PO box)
 - Amount
 - Signature of Approving Official (AVIC)
 - Date of Indemnity
 - Type of Indemnity
 - Identification of mortgaged or not mortgaged
 - Signature of Claimant

- **VS Form 1-31*** (Indemnity Claim Transmittal Form), including:
 - Vendor Name
 - Vendor Address
 - Amount
 - Signature of Approving Official (AVIC)
 - Date of Indemnity
 - Type of Indemnity

* Note: *These forms are provided by VS. FOST does not have links to these as electronic forms.*

- **FMMI Vendor Code** (if known), or one of the following:
 - Tax Identification Number (TIN)
 - Dunn and Bradstreet Number (DUNS)
 - the last four digits of the vendor's Social Security Number (SSN)
- **FMMI Master Data**, for each accounting element breakdown, if applicable, including:
 - Fund
 - Fund Center
 - Functional Area
 - WBS Element, if applicable
 - Budget Period
 - Budget Object Code(s) (BOCs)
- **Electric Funds Transfer (EFT) Information**, if new vendor or vendor banking has changed

Requested: *(used for FAADS and FFATA reporting)*

- **County of performance of indemnification**
- **Congressional District of Indemnification Performance** (two digit number)*
- **Congressional District of Recipient** (two digit number)*
- **Cooperator Type**

* Note: *Congressional District of Indemnification Performance and Congressional District of Recipient can be researched at the following websites:*

<http://fastfacts.census.gov/home/cws/main.html>

<http://www.congressmerge.com/onlinedb/index.htm>

3. Please be mindful not to submit a request twice, or your accounting code may be charged twice.

4. USDA APHIS staff only:

Indemnity payment requests may be submitted via mail, fax, or email directly to an assigned staff member.

- FOST staff members who are assigned to process payments and answer questions regarding specific payments can be found at [FOST Assigned Duties](#).

- The mailing address, fax number, and employee phone and email information can be found at [Contact Us](#).