

WS Over-the-Counter (OTC) Sales Order Form

Date: _____

Request:

To: MRP Billings (MRP.Billing.Requests@APHIS.USDA.GOV)

Subject: OTC Sales for the state of: _____ Customer Number: _____

Effective Dates of Sales Order: _____ to _____

Annual Activity Estimate – WS Over-the-Counter Sales

Personnel Costs	\$ _____
Travel	\$ _____
Vehicle Usage	\$ _____
Supplies	\$ _____
Equipment	\$ _____
Services	\$ _____
Program Support	\$ _____
Total	\$ _____

Accounting:

<u>Bdgt Pd</u>	<u>Fund</u>	<u>Cost Center</u>	<u>Functional Area</u>	<u>WBS</u>
__XX	AP001600AR	_____	AP00AGREIMBUR000	AP.RA.OTCS.WS. _____

Increase (I)/Decrease (D): _____

Budget Point of Contact:

Name: _____

Phone: _____

Email: _____

State Director (signature)