

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)