

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

REPORT OF REIMBURSABLE SERVICES RENDERED

AGENCY NAME AND ADDRESS TO BE BILLED:

Complete Agency Name
Address - Line 1
Address - Line 2
City, State ZIP

SERVICE BY (ORGANIZATION)	ACCOUNTING DATA	AGREEMENT NUMBER
<i>Name of Organization (i.e., PPQ)</i>	<i>Accounting Code</i>	<i>Complete Agreement Number</i>
DATE	DESCRIPTION OF SERVICE	AMOUNT
<i>Date</i>	<i>Description and Dates of Service</i>	<i>\$ Amount</i>
	<i>Agency Location Code (ALC) for Billed Agency</i> <i>Accounting Code/Budget Object Code for Billed Agency</i> <i>Billed Agency's Agreement Number</i> <i>Billed Agency Point of Contact and Telephone Number</i>	
TOTAL		<i>\$ Amount</i>

It is requested that MRPBS/Minneapolis render a bill for the services listed above.

NAME	TITLE	
<i>Name of Person Submitting APHIS 90</i>	<i>Title and Phone Number</i>	<i>Date</i>

APHIS FORM 90
(computer generated)

October 1, 2002