USDA-RD
Form RD 3560-64
(02-05)

MFH PAYMENT CERTIFICATION AND DISCREPANCY MONITORING LOG

Employee Name	Location

Identification	Initial Certification Date	Page _______ of _______

TRAINING DATE:

TRAINER NAME:

DATE	MONITORING					ACTION TAKEN	COMMENTS	REVIEWER'S INITIALS
	SOURCE	RESULT	VIOLATION					
			DATE	TYPE	OCCURRENCE			