

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE**

REMEDIAL MEASURES BILLING
(Statement of Services)

1. ORIGINATING OFFICE AND TELEPHONE NO.

2. LOCATION CODE (4 Digits)

3. SERVICE DATE

4. IRS TAX ID NO./SS NO.

5. OWNER/AGENT NAME

6. OWNER/AGENT ADDRESS

7. OWNER/AGENT TELEPHONE NO.

NOTE: Partial units must be in quarter increments (e.g., 15 minutes = 1; 30 minutes = 2; 45 minutes = 3)

8. REIMBURSABLE TIME (2 hour minimum)	9. UNIT COST		10. NUMBER OF UNITS		11. TOTAL DOLLARS
	FOR HOURS	FOR QUARTERS	FOR HOURS	FOR QUARTERS	
Normal Tour of Duty	\$84.00	\$21.00			
Outside Normal Tour of Duty					
Sunday/Holiday	\$112.00	\$28.00			
Other than Sunday/Holiday	\$100.00	\$25.00			
Commuted Travel Time (If applicable under 7 CFR § 354.2)	\$65.00	\$16.25			
					12. TOTAL REIMBURSABLE CHARGE \$ _____
13. ADDITIONAL COSTS (See Attached Invoice(s))					14. TOTAL ADDITIONAL COSTS \$ _____
Destruction \$ _____	Treatment \$ _____	Handling \$ _____	Transit \$ _____	Other \$ _____	
15. IDENTIFICATION OF CARGO					16. TOTAL AMOUNT DUE \$ _____
Carrier _____	Entry No. _____	Airway Bill/ Bill of Lading No. _____	Broker Reference No. (If Applicable) _____		
17. REMARKS					

CERTIFICATION: I CERTIFY THAT SERVICES RECORDED ABOVE WERE PERFORMED.

18. PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE

19. SIGNATURE DATE

**INSTRUCTIONS FOR THE COMPLETION OF PPQ FORM 301-R
REMEDIAL MEASURES BILLING (STATEMENT OF SERVICES)**

Item 1 - ORIGINATING OFFICE AND TELEPHONE NO. - Enter issuing office's city and State and telephone number, including area code.

Item 2 - LOCATION CODE - Enter the fourth through seventh digits of your local accounting code.

Item 3 - SERVICE DATE - Date service is provided. If the service extends over two or more days, enter the beginning date.

Item 4 - IRS TAX ID/SS NO. - The taxpayer identification number (TIN) is an IRS assigned employer identification number or individual's social security number. If these identifying numbers are not available in any of the documentation pertaining to the subject shipment or importer, this information may be obtained by PPQ using CBP's ACS or ATS databases. PPQ-QPAS and SITC employees in the regional offices and headquarters have access to these databases.

Item 5 - OWNER/AGENT NAME - Company or Agent's name.

Item 6 - OWNER/AGENT ADDRESS - Company or Agent's complete mailing address.

Item 7 - OWNER/AGENT TELEPHONE NO. - Company or Agents telephone number, including area code.

Item 8 - REIMBURSABLE TIME - Service Timeframe. All time spent making necessary arrangements, assisting with the remedial action, and completing paperwork should be accounted for and tabulated in this section. Beyond the two-hour minimum, if applicable, all time worked should be broken down into 15-minute increments and recorded.

Item 9 - UNIT COST - This is the current hourly and quarterly cost for services.

Item 10 - NUMBER OF UNITS - Fill in the number of units next to the service provided. For example, if service is provided outside the normal tour of duty on a Sunday and takes 2 ³/₄ hours, enter "2" in the Hours column and "3" in the Quarters column. Complete the Commuted Travel Time column following 7 CFR Part 354.2.

Item 11 - TOTAL DOLLARS - This represents the total amount for that particular line. Multiply the cost per unit by the number of units, and put the total for the line in this block.

Item 12 - TOTAL REIMBURSABLE CHARGE - Add all the dollar amounts in Item 11, "Total Dollars," and enter here.

Item 13 - ADDITIONAL COSTS - Check the appropriate boxes and enter the actual costs for each service. Supporting documentation such as invoices, EAN, Officer's Statement, etc., must be attached to the form to substantiate the claim.

Item 14 - TOTAL ADDITIONAL COSTS - Add all the amounts in Item 13, "Additional Costs," and enter here.

Item 15 - IDENTIFICATION OF CARGO - Complete applicable information to identify the specific cargo abandoned/seized.

Item 16 - TOTAL AMOUNT DUE - Add the amounts in Item 12 and Item 14 and enter here.

Item 17 - REMARKS – Record any other additional comments.

Item 18 – PLANT PROTECTION AND QUARANTINE OFFICER'S SIGNATURE - Signature required of person documenting and/or providing the remedial action.

Item 19 - SIGNATURE DATE - Date of signature.

FORWARD FORM TO MRPBS -

When complete, forward the billing worksheet and copies of all associated invoices, EAN, PCMS purchase card receipts, etc. to the Marketing and Regulatory Program Business Site (MRPBS).

**USDA, APHIS, MRPBS, FMD
Attn: Billing and Collections Team
100 N Sixth Street
Suite 510C
Minneapolis, MN 55403**

The MRPBS will collect the money from the owner/agent and reimburse the funds to the PPQ national accounting code. The MRPBS contact number is 1-877-777-2128. It is a Help Line voicemail system on which you need to leave a message requesting assistance from BCT member. The fax number is (612) 370-2083.