



SPECIAL SERVICES - BILLING REPORT

(Rev. 1/2019)

DATE OF INSPECTION: _____ REQUESTED BY: _____

COMPANY: _____ INSPECTOR: _____

ADDRESS: _____ PHONE: _____

Chemical/Fumigant Application Monitoring: Attach Official Witness of Treatment letter or fill out the applicable information on the back of this form. (\$30 per hour, (includes travel time), minimum 1 hour each visit, and per diem)

Number of Trips: _____ Total Time: _____ (Minimum of 1 hour each trip)

Official Samples: (\$20 per sample) **For Seed Analysis Certificate Samples See Special Inspection Section**

Bean Serology (For Compliance with IDAPA 02.06.06 – Rules Governing the Planting of Beans (Phaseolus sp.) in Idaho: # of samples _____

Pathology/Nematology: # of samples _____

Purity/Germination: # of samples _____

Referee (One lot/variety divided into sub samples): # sub-samples _____

Other: Type _____; # of samples _____

Special Inspection:

Australia Corn: (\$25/hour) : # of Hours _____

Seed Analysis Certificate "SAC" or ISTA Samples (\$25/ hour) : # of Hours _____

Trapping: (\$25/hour): # of Hours _____ Type _____

Mexico Apple Certification (\$25/hour) : # of Hours _____

Nursery: (\$25/ hour): # of Hours _____

Other: (\$25/ hour): Type _____; # of Hours _____

Transfer permits/Special Certificate of Treatment, Fact or Re-shipment:

of permits issued _____

(\$10 per transfer permit/\$25 per Certificate of Treatment, Fact or Re-shipment, or like document)

Apiary Inspection: Inspection Hours _____, Travel hours _____

Mileage _____ Per Diem Expense _____

(\$15 per hour, (minimum 1 hour), mileage (at current rate), and per diem)

Misc. Fee (Supervisor/Section Manager Approval Required): Research fees, movement of ICIA crops into ISDA database for Phytosanitary Certificates or In-state planting tags. Lot history verification, sales, purchases, training, or any other circumstance approved. (Company must provide copy of inspection application, copy of ICIA Inspection Report and clean weight. Beans also require a two year planting history for each lot). (\$25 per hour. Minimum of 1 hour charge.)

Variety: _____, Lot No: _____, Year/Grower: _____

Variety: _____, Lot No: _____, Year/Grower: _____

“RUSH SERVICE:” (Requires signature authorizing service)

(\$100 per service in additional to normal applicable charges)

I hereby authorize the Idaho Department of Agriculture to perform the “RUSH SERVICE” on the accompanying Phytosanitary Certificate, like Certificate, or service and understand there is a fee applicable for this service.

COMPANY REPRESENTATIVE (Signature)

SPECIAL SERVICES - BILLING REPORT CONTINUED

CHEMICAL / FUMIGANT TREATMENT VERIFICATION

Commodity Treated: _____ Treated for: _____
 Date Treatment Started: _____ Date treatment Completed: _____
 Number of Trips: _____ **TOTAL TIME:** _____ (Minimum of 1 hour each trip)

COMPANY REPRESENTATIVE (printed)

COMPANY REPRESENTATIVE SIGNATURE

COMMODITY IDENTIFICATION

VARIETY	LOT NUMBER	WEIGHT	BOX #'S/COMMENT

Comments:

Office Use Only

APIARY INSPECTION: (\$15 per hour) _____
 CHEMICAL/FUMIGATION: (\$30 per hour) _____
 MEAL EXPENSE: (Per Diem) _____
 MILEAGE EXPENSE: (At Current Rate) _____
 MINT TRANSFER PERMIT: (\$10 per permit) _____
 MISC. EXPENSE: (\$25 per hour) _____
 NURSERY INSPECT: (\$25 per hour) _____
 OFFICIAL SAMPLES: (\$20 per sample) _____
 TREAT, FACT, OR RE-SHIP/LETTERS: (\$25 per cert.) _____
 RUSH FEE EXPENSE: (\$100 per phyto) _____
TOTAL BILLING CHARGES: _____