

## SPECIAL SERVICES - BILLING FORM (Effective Jan. 1, 2025)

| DATE OF INSPECTION:  | REQUESTED BY:   |
|--|---|
| COMPANY:   | INSPECTOR:  |
| ADDRESS:   | PHONE:  |
| Treatment Observation (Seed/Plant Tree (\$30 per hour, minimum 1 hour each vis Attach Official Witness of Treatment lett Number of Trips: Total Till Bean Serology (\$20 per sample) For Communication Beans. (Example: 36,000lb lot = 4 @5lb sample)                                | eatment, Fumigation, Cold Storage, etc.)  it, includes travel time, and per diem incurred.)  ter or fill out the applicable information on the back of this form.  me:(Minimum of 1 hour each trip)  upliance with IDAPA 02.06.06 - Rules Governing the Planting of Imples): # of samples  or ISTA/SAC Sampling Time see Special Inspection Section**  les  or samples): # sub-samples                                      |
| Australia /Japan Corn: # of Hours  |   |
| (Fee based on origin of product) #of permit.   | rs issued Type<br>num 1 hour, mileage (at current rate), and per diem)  |
| Research fees, transfer of lots into ISDA data must provide copy of inspection application a two-year planting history of each lot) Lot hany other circumstance approved.  | Approval Required) (\$30 per hour. Minimum 1-hour charge.) abase for Phytosanitary Certificates or In-state planting tags. (Company n, copy of ICIA Inspection Report and clean weight. Beans also require nistory verification, sales, purchases, training, specialty field inspection or  Year/Grower: Year/Grower:   |
| "RUSH SERVICE" (\$100 per certification in (Requires signature authorizing service) This Applications, official sampling, field inspection day turn-around or within a specific timefram Requests for phytosanitary or treatment observed subject to overtime and state per diemost. | service is to accommodate requests for Phytosanitary Certification on or other services that must be completed with a one (1) business me on a certain day without a two (2) business day prenotification. ervations services after normal working hours, on weekends, or holidays charges in addition to the normal charges. This service will be carried in the applicant and the Department. The request must be made by |

## **SPECIAL SERVICES - BILLING REPORT CONTINUED**

## **CHEMICAL / FUMIGANT TREATMENT VERIFICATION**

| Commodity Treated:  Date Treatment Started: |   | Treated for:  Date treatment Completed: |                             |  |
|---|---|---|-----------------------------|--|
|   |   |   |                             |  |
| COMPANY REPRESENTATIVE (printed)            |   | COMPA                                   | NY REPRESENTATIVE SIGNATURE |  |
| COMMODITY IDENTIFICATION                    |   |   |                             |  |
| VARIETY                                     | LOT NUMBER  | WEIGHT                                  | BOX #'S/COMMENT             |  |
|   |   |   |                             |  |
|   |   |   |                             |  |
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| L   |   | I                                       |                             |  |
| Comments:                                   |   |   |                             |  |
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|   |   |   |                             |  |
| Office Use Only                             | APIARY INSPECTION: (\$30)                                 | per hour)                               |                             |  |
|   | BEAN SEROLOGY (samples                                    | for compliance \$20 per                 | hour)                       |  |
|   | CHEMICAL/FUMIGATION: MEAL EXPENSE: (Per Diem)             | (\$30 per hour)                         |                             |  |
|   | MILEAGE EXPENSE: (At Cur                                  | •                                       |                             |  |
|   | MISC. EXPENSE: (\$30 per ho<br>NURSERY INSPECT: (\$30 per |   | <del></del>                 |  |
|   | OFFICIAL SAMPLES: (\$40 pe                                | er sample)                              |                             |  |
|   | TREAT, FACT, OR RE-SHIP/<br>RUSH FEE EXPENSE: (\$100 p    |   | cert.)                      |  |
|   | TOTAL BILLING CHARGES:                                    |   |                             |  |