

NFC

Procedures



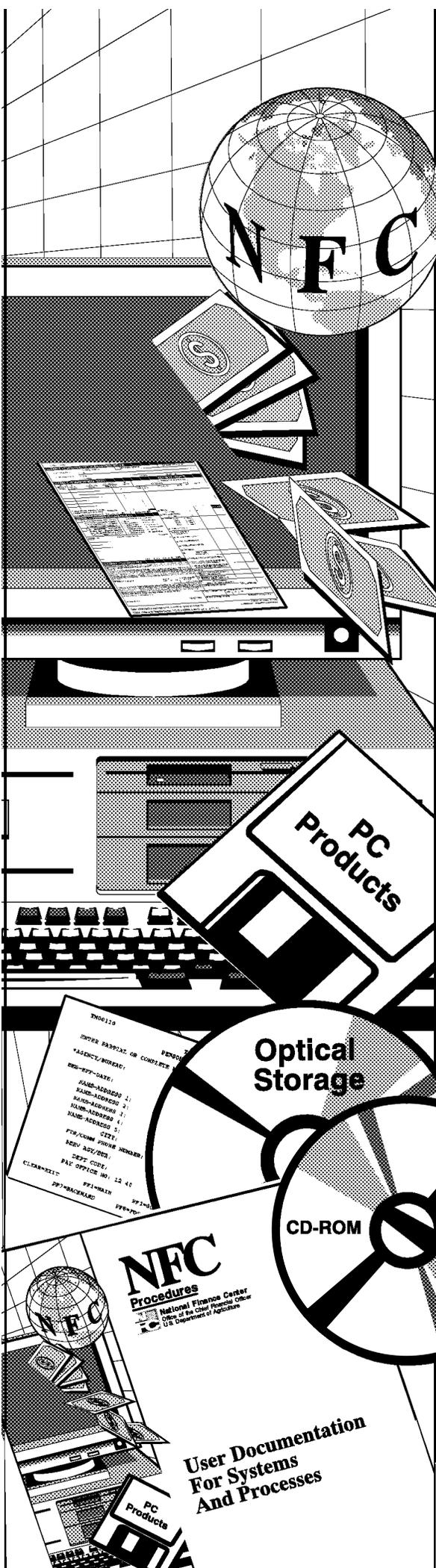
National Finance Center
Office of the Chief Financial Officer
U.S. Department of Agriculture

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Program Billings And Collections (BLCL)

TITLE III
Billings And Collections Manual

CHAPTER 1
Program Billings And Collections (BLCL)



User Documentation
For Systems
And Processes

NFC
Procedures
National Finance Center
Office of the Chief Financial Officer
U.S. Department of Agriculture

PC
Products

Latest Update Information

The Program Billings And Collections System (BLCL) procedure (Title III, Chapter 1) dated 8/20/02, was converted from a 2-column to 1-column format. The content of the procedure remains the same. As a result of this conversion, some shifting in text has occurred.

This converted document is hyperlinked for easy navigation. To find information, just search the **Table Of Contents** or the **Heading Index** and then click the listing to jump to the corresponding text. You can also use the word search feature in Adobe Acrobat.

Note: When you are jumping from topic to topic, you may need to set Acrobat's zoom feature to view full pages. Otherwise, if the topic you are jumping to is in the lower part of the page, you will have to scroll to locate it. For instructions on using the zoom feature, see Adobe Acrobat's online help.

For information about this publication, please contact Government Employees Services Branch at **504-255-5322** .

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About This Procedure

This procedure provides instructions for preparing documents for the Program Billings and Collections System (BLCO). The following information will help you to use the procedure more effectively and to locate further assistance if needed.

How The Procedure Is Organized

Primary sections, page numbering, and the amendment process are described below:

[About This Procedure](#) provides information about the structure of the procedure and includes telephone numbers which may be used if assistance is needed.

[Overview](#) describes the purpose of the system and provides related background information, e.g., agency responsibilities, forms descriptions, and reports.

The [Exhibits](#) section includes illustrations such as examples of forms and reports.

The [Glossary](#) section defines BLCO terms.

If you begin receiving this procedure after it has been amended, you will receive the publication with all amendments and bulletins. Remove and insert amended pages according to the accompanying page control chart so that your procedure is current.

What Conventions Are Used

This procedure uses the following visual aids to identify certain kinds of information:

Convention	Example
Block specifications are printed in bold .	Applicant Number
Figure references link figures with the text. These references are printed in bold sans serif font.	APHIS Form 89 (Figure 1) is used to record and report services performed on reimbursable inspection and quarantine services.
For date blocks, "(mmddy)" means that you should enter the date in month/day/year order, using leading zeros for single-digit months and days	Enter the date (mmddy) that the certificate was issued to the applicant by the agency.

¹ **Required** You must enter data in the field. (Note: All mandatory fields on EPIC screens are highlighted to distinguish required entries from optional entries. The highlighted fields must be completed to avoid rejection.)

² **Conditional** You may be required to enter data, based on criteria indicated in the field instructions.

³ **Optional** You may elect to enter data in the field. If the field is left blank, no data is system generated.

⁴ **Optional default** You may elect to enter data. If the field is left blank, the system generates a default entry.

⁵ **No entry** You do not enter data in the field. The field instruction states the reason for no entry.

Convention	Example	
Important extra information is identified as a note.	Note:	Enter one of the three codes shown.
Optional actions at the end of a processing function are preceded by square bullets.	To exit the system, press [Esc] .	
Emphasized text within a paragraph is printed in bold	If this is an advance payment, enter advance and include the purpose	
Field names are printed in the margin. Field specifications are printed in <i>italics</i> . Note: Field entries are identified as <i>required</i> ¹ , <i>conditional</i> ² , <i>optional</i> ³ , <i>optional default</i> ⁴ , or <i>no entry</i> ⁵ .	Applicant Number	<i>Required, alphanumeric, 3 positions</i> Key in the applicant number.
¹ Required	<i>You must enter data in the field. (Note: All mandatory fields on EPIC screens are highlighted to distinguish required entries from optional entries. The highlighted fields must be completed to avoid rejection.)</i>	
² Conditional	<i>You may be required to enter data, based on criteria indicated in the field instructions.</i>	
³ Optional	<i>You may elect to enter data in the field. If the field is left blank, no data is system generated.</i>	
⁴ Optional default	<i>You may elect to enter data. If the field is left blank, the system generates a default entry.</i>	
⁵ No entry	<i>You do not enter data in the field. The field instruction states the reason for no entry.</i>	

Who To Contact For Help

For questions about this procedure, contact the Directives and Analysis Branch at **504-255-5322** .

For questions about the system (including help with unusual conditions or obtaining access authority), contact Information Center personnel at **504-255-5230** .

For telephone inquiries about processing, follow the guidelines below:

- For billing inquiries, contact the Program Billings and Collections Section at **504-255-5370, Extension 220, 221, or 222**. Vendors may also use the Program Billings and Collections inquiry line for payment information by calling toll free **1-800-242-3632** .
- For all other processing questions, contact the Program Billings and Collections Section at **504-255-5461** .

For written inquiries about processing, submit Form AD-354, Request For Special Information, or any applicable correspondence to:

USDA-National Finance Center
Billings and Collections Inquiry
P. O. Box 60950
New Orleans, LA 70160.

For information about a specific fee/charge document or a particular debtor's account balance, be sure to identify the document number or the debtor/account number on the form or correspondence.

Note: If a printout of the entire account history is required, please allow additional time for NFC to provide this information from computer stored records.

Overview

BLCO is an automated data processing system of the U.S. Department of Agriculture (USDA). It provides a computerized method for billing and collecting fees charged by the Agricultural Marketing Service (AMS), Animal and Plant Health Inspection Service (APHIS), Federal Grain Inspection Service (FGIS), and Food Safety And Inspection Service (FSIS). These services are associated with inspecting, certifying, grading, weighing, and testing of farm products, plants, animals, and other agricultural products.

In addition, BLCO processes user fees collected from debtors for services performed by APHIS. These user fees cover services for airlines/companies which issue commercial airline tickets or travel documents, owners and operators of commercial aircraft, and owners of commercial railroad cars. These entities submit user fees according to the regulations established by APHIS. Fees are also collected for services billed by the National Computer Center (NCC).

BLCO has the following features:

- Receives and processes billings and collections fee/charge documents and certificates submitted to NFC.
- Receives and processes billings data electronically transmitted from agencies using PC-BLCO or from other means of remote data entry.
- Receives collections through electronic transmission from lockbox locations.
- Converts billing operations to a monthly billing cycle.
- Produces bills on the first of each month.
- Charges interest and penalty charges on overdue accounts.
- Applies collections against a debtor's entire account balance, instead of a specific bill number.
- Applies payments received from debtors to the appropriate account on the master file and reports to agencies monthly.
- Permits agencies to establish an allowance for doubtful accounts.
- Moves accounts to claims status.
- Writes off uncollectible accounts.
- Provides informative reporting to the agency offices.

Establishing Accounts

There are two types of accounts in BLCO: recurring and temporary.

Recurring Accounts

Established by agencies for each revolving account. These accounts should be established prior to submitting any fee/charge documents or certificates to NFC for billing. Accounts are established through the use of Form AD-844, Billings and Collections Account Maintenance. Submit the completed Form AD-844 to the following address:

USDA-National Finance Center
P.O. Box 60950
New Orleans, LA 70160

After receiving the form, NFC sets up the debtor/account number on the BLCO master file.

Temporary Accounts

Established by agencies for debtors requiring a one-time service. Agencies performing this type of service can submit the fee/charge document to NFC without assigning an account/applicant number. NFC will assign an account number using the preprinted number on the document. Temporary accounts will be removed from the history file 90 days after the balance becomes zero. Any fee/charge document received without an account number, but with a complete debtor name and address, office identification, and accounting codes will be treated as a temporary account.

Submitting Documents To NFC For Billing

When the fee/charge document is received at NFC, the account/applicant number on the BLCO master file is matched to the fee/charge document. This is done to certify that the applicant number and billing information is accurate prior to issuing the bill. The account remains active until the agency submits the AD-844 with an action Code 3 to delete the record from the BLCO data base. Submit all fee/charge documents and written correspondence pertaining to billings to the following address:

USDA-National Finance Center
P.O. Box 60950
New Orleans, LA 70160

Issuing Bills

Bills are produced by NFC on the first of each month for accounts receivable. All accounts with current activity or past due balances are billed, except the following:

- If the current activity is a collection that reduces the balance to zero.
- If the balance is less than \$10.

The cutoff date for each billing cycle is the 25th of the month. Late payment charges are assessed against all previously billed principal amounts that are not fully paid by the collection cutoff date. If not paid, charges will apply.

The **interest rate** applied to past due account is set according to the same rate as the Treasury's Current Value of Funds Rate for the quarter in which the debt became delinquent or at a higher rate if the agency determines that a higher rate is necessary to protect the interests of the United States (4 CFR 102.13).

Penalties are charged on any portion of a debt that remains delinquent after 90 days and will accrue from the first date of delinquency. Penalties charged cannot exceed six percent per year.

Administrative cost are charged for checks returned due to insufficient funds (NSF) and charges resulting from claim accounts.

Late payment charges will continue to accrue until the account is paid, unless the charges are waived by the agency. The interest, penalty, and administrative charges are clearly printed on the bill sent to the customer.

Processing Collections

COD Collections

When COD collections are received at a lockbox location, all pertinent information from the check and the document will be entered and transmitted to NFC. After transmission, the collection will be recorded against the debtor's account balance on the BLCO master file. Listed below are three methods available for agencies to report collections received for services:

- If the **agency uses an existing certificate** to record the service or inspection, and payment is received directly from the debtor at the time the services are provided, the charges and payment can be reported on Form AD-847, Fees and Charges Listing Sheet.

List on the AD-847, the certificate(s) to which the payment(s) apply.

Note: Multiple certificates can be listed on each AD-847; however, all certificates must be applied to the same account number. Indicate on the AD-847 the amount of the remittance to be applied to the certificate. Do not show rates and units when reporting a cash collection. Include the completed AD-847 and the remittance (check or money order only) in the same envelope and forward to:

Department of Agriculture
COD Field Office
P.O. Box 70791
Chicago, IL 60673

Note: COD certificates and non-COD certificates should not be listed on the same AD-847.

- If the **agency uses an agency fee/charge document** that contains a payment field, the collection can be reported directly on the fee/charge document. The charge for services provided must equal the amount of payment received. Report the amount collected in the payment block (amount enclosed). Provide the debtor's account number or assign a temporary account number for applying the receivable. If no account number is assigned, the NFC will use the document number (i.e., the preprinted certificate number) as a temporary account number. Submit the fee charge document and the remittance in the same envelope and forward to:

Department of Agriculture
COD Field Office

P.O. Box 70791
Chicago, IL 60673

- If the **agency does not use a certificate or fee/charge document** to perform the service, any collections made by the agency should be reported on the AD-496-4, Bill For Collection (field bill). If necessary, the agency can assign a temporary account number on the field bill to apply the collection. Submit the field bill and the remittance in the same envelope and forward to:

Department of Agriculture
COD Field Office
P.O. Box 70791
Chicago, IL 60673

Regular Collections

The primary method for processing collections that are not COD payments is through the NFC-523, Bill For Collection. See ([Exhibit 1](#)) The NFC-523 is system-generated based on the billing data and mailed directly to the customer by NFC. The customer will then submit the top portion of the NFC-523 along with the payment to:

U.S. Dept. of Agriculture
National Finance Center
BLCO Collections
P.O. Box 70790
Chicago, IL 60673-0790

The program billings and collections activities are controlled by account numbers. To assure that the account is properly credited, the customer returns the top portion of the NFC-523 along with the payment to NFC. All necessary information; such as the customer's account number, document number, amount billed for charges during the current billing cycle, payments, adjustments, customer's name and address, are preprinted on the NFC-523. Amounts not paid appear as a past due balance on the next bill. Only the past due amount is shown on the month's bill and not the individual document.

Late payment charges are applied to collections received after the end of the billing cycle and will continue to accrue until the balance is paid in full. Collections are applied **first** to the administrative cost, **second** to the penalty, **third** to the interest balance, and **fourth** to the outstanding principal balance. If a collection is received for an account with no outstanding balance, NFC establishes a credit account balance that is applied whenever a new bill is generated for that account.

BLCO processes user fees collected from debtors for services performed by APHIS. Send remittances for APHIS user fees to the following lockbox address:

USDA-NFC
APHIS User Fee Collections
P.O. Box 73562
Chicago, IL 60673

Disputes With Debtors/Customers

When a customer/debtor disagrees with a document that was mailed to NFC for processing, NFC will research the fee/charge document that initiated the bill. If the research determines that the customer is correct, NFC will process a change to the debtor's bill to reflect the fee/charge document. If the bill accurately reflects the fee/charge document, then NFC must report the dispute to the agency for settlement. The NFC will then process Form AD-846, Fee/Charge Document Reversal, to reverse the disputed document from BLCO. This will generate a **Dispute Letter** ([Exhibit 2](#)), which will serve as proof of the reversal. This printout will be mailed to the responsible agency office as notification that the fee/charge document has been reversed. Agencies receiving this notification must take one of the following actions:

- If the agency agrees with the customer's dispute, the agency can *correct and resubmit the original fee/charge document*. Attach the original document to the dispute letter and forward to NFC.
- If the agency agrees with the customer's dispute, the agency can *submit a replacement document* with the correct amount. Attach the replacement document to the dispute letter and forward to NFC.
- If the agency determines that the original fee/charge document was correct, the agency must *resubmit the original fee/charge document (without change) after consulting with the debtor*. Attach the original document to the dispute letter and forward to NFC. NFC will reprocess the original fee/charge document as a new bill.
- If the agency determines that *a new bill is not required*, the dispute letter should be signed and returned to NFC without attaching the fee/charge document.

Note: Regardless of the action decided upon by the agency, the dispute letter must be returned to NFC. The agency office should indicate the action taken on the bottom of the letter. Sign and mail the letter with the fee/charge document, if applicable, to NFC.

When a customer/debtor disagrees with a document that was electronically transmitted to NFC, the debtor is referred to the agency for research and further processing.

Note: The agency office telephone number is printed on the NFC-523.

Fee/Charge Document Reversals Initiated By Agency Offices

If the document to be reversed is a BLCO certificate, the agency can use the AD-846 to process the reversal. Agencies should prepare the AD-846 and include all information from the original certificate, e.g., document number, customer account number, amount of charges, and accounting classification code, etc.

If the document to be reversed is an APHIS Form 89, the reversal can be accomplished by preparing a new fee/charge document. Enter the document number to be reversed in the block that specifies *APHIS Form 89 To Be Replaced*. **If the reversal applies to a fee/charge document already billed by NFC**, the debtor's account balance will be reduced by the amount of the reversal and an adjustment will be shown on the next month's bill. **If the reversal applies to a fee/charge document that has not been billed**, NFC will apply the reversal to the debtor's account balance.

Delinquent Notices

Form NFC-864, Delinquent Notice, is sent to debtors whose accounts are 15, 30, and 60 days past due. See ([Exhibit 3, 4, and 5](#)), respectively. Late payment charges will be applied on the first delinquent notice and all subsequent notices until the past due amount is paid or cancelled.

Note: Penalties are retroactive to the first day of delinquency. Agencies must take aggressive and timely action, with effective follow up to collect all debts owed to the United States in accordance with the Federal Claims Collection Standards (4 CFR 102.1).

Claims/Write-Offs

BLCO provides special reporting to agencies of their accounts in claims status. NFC is currently working on adding the claims information screens to the BLCO data base. When completed, agencies will have access to view the claims data. However, access will not be given to the tax offset data.

When agencies determine that a debtor's account balance is uncollectible after normal billing procedures, they may send a letter to the Claims Section at NFC to have the account transferred to a claims status. Agencies referrals should include a summary of collection actions taken by the agency, copies of applications for service, and the Tax Identification Number (TIN). All correspondence should be forwarded to :

Claims Section
USDA, National Finance Center
TANO Bldg., 2nd Floor, C-9
Post Office Box 61770
New Orleans, LA 70161-1770

After an account is referred to the Claims Section by the agency, claims personnel will:

- attempt to locate debtor, if necessary
- contact debtor for payment
- determine a debtor's corporate standing with state governments
- obtain credit reports
- attempt to obtain TIN, if not available
- refer debts for administrative, individual, and corporate offset
- refer bad debt accounts to a collection agency
- refer debts to the Office of The General Counsel (OGC)
- write off uncollectible accounts
- issue Form 1099-C, Cancellation Of Debt, to debtors when writing off bad accounts of \$600 and over.

Bankruptcy

The Claims Section will verbally notify the agencies involved when court papers are received on any debtor filing bankruptcy. A copy of the initial court paper will be sent to the agency. The Claims Section will file a proof of claim to OGC for filing with the U.S. Attorney's Office. Claims over \$20,000 and claims for APHIS user fees, will be sent through OGC for filing.

Note: The agency is responsible for establishing a Debtor-In-Possession (DIP) account number when a company files a Chapter 11 Bankruptcy.

Allowances

NFC will establish a bad debt allowance for each agency and/or division of an agency. Agencies will be consulted before an increase or decrease is made to the allowance account.

Forms

The forms described below are used to record data in BLCO. Agencies are required to complete these forms in accordance with instructions published in this procedure. Entering the correct data will ensure an accurate billing/posting of the collection.

Form Number	Form Title	Description
FORM 89	APHIS Report Of Reimbursable Inspection And Quarantine Service	Used by APHIS to record and report services performed on reimbursable inspection and quarantine services.
Form AD-844	Billings And Collections Account Maintenance	Used to establish, update, and delete accounts for applicants who were provided services, e.g., inspecting, grading, weighing, and testing of farm products, plants, animals; and other agricultural products. An agency establishing a new account, making a change to an existing account, or deleting an account must submit Form AD-844, Account Maintenance, to the NFC for processing. The account will remain active until the agency submits the AD-844 with an action code 3 to delete the account from the BLCO data base.
Form AD-846	Fee/Charge Document Reversal	Used to correct a fee/charge document previously submitted. This 2-part form consists of the original and a copy. The original is sent to NFC and the copy is retained by the agency. This form is also used by NFC to reverse a document from BLCO due to a customer's dispute. A dispute letter is system-generated and mailed to the agency for research and additional action.

Form Number	Form Title	Description
Form AD-847	Fees And Charges Listing Sheet	<p>Used to establish and record billing data which is used by NFC to generate bills. This form eliminates the repetition of common accounting data and requires the use of only one account number per sheet. This is a 2-part form. The original is sent to NFC. The copy is retained by the agency.</p> <p>Note: Only eight different rate codes can be used per document number on the same sheet. This form is also used to submit collections made directly by the billing agency to lockbox addresses. In this case, only the original is submitted to NFC.</p>
Form AD-496-4	Bill For Collection	<p>Used to establish a (field) bill and record collections for services performed in lieu of using a formal certificate.</p> <p>Note: COD payments made by the agency in the field, should be sent to the appropriate lock box address for submission to NFC. If the payment is COD, the NFC copy and the payment should be sent to the COD lockbox address. This 4-part form consists of the original (white) copy, remittance (yellow) copy, the agency (green) copy, and the NFC (pink) copy. The original and remittance copies are given to the debtor. The agency copy is retained by the agency. The NFC copy is sent to NFC to establish the receivable (bill).</p>
FSIS Form-51 10-1	Services Rendered	<p>Used by FSIS to record hours worked by inspectors and to serve as a billing document. This is a 4-part form. The white (billing office) copy is sent to NFC. The blue (regional office/import field office) copy is retained at the regional office. The yellow (plant/establishment) copy is sent to the plant site. The pink (retain by inspector) copy is used by the inspector providing services.</p>
Form LS-375	Seed Analysis Certificate (Exhibit 6)	<p>Used by AMS to record fees and charges associated with sales or services provided by user agencies for seed analysis/inspection.</p>
Form LS-9-1	Livestock Acceptance Certificate (Exhibit 7)	<p>Used by AMS to record fees and charges associated with sales or services provided by user agencies for livestock analysis/inspection.</p>
Form NFC-523	Bill For Collection (Exhibit 1)	<p>System generated at NFC. Used as the initial billing document. The billing information is captured from various fee/charge documents submitted to NFC by field offices. The NFC-523 is a perforated form that is directly forwarded to the debtor. When submitting lockbox payments, the debtor should use the bottom half of the form, which contains the lockbox mailing address. All information pertaining to the customer, such as, the account number, name and address, etc., is printed on the bill to ensure that the customer's account will be properly credited. The phone number of the submitting office is also indicated on this form for further inquiries if the original document was not submitted to NFC.</p>

Form Number	Form Title	Description
Form NFC-864	Delinquent Notice (15/30/60 Days) (Exhibit 3 , 4 , and 5 respectively)	These notices are sent to debtors whose accounts are 15, 30, Note: Accounts are considered past due if payment is not received by the 25th of the month in which they are billed. A 15-day notice is issued when a bill is 45 days old or 45 days after the original billing date. A 30-day notice is issued when a bill is 60 days old or 60 days after the original billing date. A 60-day notice issued when a bill is 90 days old or 90 days after the original billing date and 60 days past due.

Form NFC-523, Bill For Collection, will be used for the initial billing; as well as, the first delinquency notice on over due accounts. Form NFC-864, Delinquency Notice, serves as the debtor’s second, third and fourth (final) notice.

Note: Late payment penalties will be applied on the first delinquency notice and on all subsequent notices until the overdue amount is collected.

Responsibilities

Listed below are the responsibilities of the primary organizations involved in processing data for BLCO.

The National Finance Center:

- Establishes accounts receivable for both NFC and agency prepared bills.
- Calculates, prepares, and mails bills monthly to debtors, ensuring that no certificates or other documents dated after the close of the current billing cycle are included in the current billings.
- Prepares and mails reminder letters to APHIS user fee customers.
- Updates NFC master lists of debtors, billing codes, agency transaction codes, cost responsibility center file, billing rate file, subcenter file, Budget and Activity (B&A) codes, and management codes (upon notification by the agency).
- Provides debtors with up to three delinquency notices when accounts become past due, in accordance with the Federal Claims Collection Standards (4CFR 101-105) and the Debt Collection Act of 1982.
- Applies and collects late payment penalties on past due amounts.
- Provides agencies with monthly reports on the status of overdue accounts.
- For APHIS only, NFC makes telephone and written contacts, reconciles accounts, and arranges repayment plans on delinquent reimbursable accounts. For other agencies, NFC will not initiate any direct contact with delinquent debtors, other than to provide them with the required delinquent notices.
- Makes accounting adjustments and fee charge document reversals, as required.

- Sends agencies reports with the required accounting data.
- Makes refunds to debtors for overpayments, erroneously applied collections, or unused advance payments received but unearned. Refunds for APHIS user fee payments will be made only upon written request from the User Fee Branch.
- Provides prompt responses to all inquires received at NFC.
- Provides customers with the billing agency's telephone number when handling inquiries about the billing charges.
- Establishes debtors in claims status when notified by agencies.
- Submits claim letters to debtors when notified by agencies.
- Initiates activities with agencies to write off uncollectible debts when normal billing procedures have been unsuccessful.
- Refers uncollectible accounts to the U.S. Attorney's Office.
- Records, deposits, and reports remittances.
- Submits disputed bills to agencies for research and correction.
- Provides accounting and management reports to agencies participating in this program.
- Notifies appropriate agency when court papers are received at NFC regarding debtor's bankruptcy filing.

The agency:

- Assigns accounts numbers to debtors in accordance with agency instructions and informs NFC via Form AD-844.
- Obtains debtor/customer's Tax Identification Number (TIN).
- Submits documents to NFC to prepare bills and establish accounts receivable.
- Electronically transmits billing data files to NFC using PC-BLCO or other means of remote data entry, to establish accounts receivable.
- Submits copies of the AD-496-4 to NFC to generate bills, when no standard fee/charge document is applicable.
- Submits fee/charge documents and written correspondence pertaining to billings to NFC.
- Submits documentation to NFC to update the master debtor list, transaction codes, billing codes, billing rate files, cost responsibility center files, Budget and Activity (B&A) codes, and management codes.
- Advises NFC when advance payments have been earned and refunds of advance payments are due.
- Monitors reports and follows up with delinquent debtors to expedite payment.
- Sends cash payments (COD) received directly by the agency field office to lockbox address.
- Sends remittances collected for APHIS user fees to the lockbox address.

- Provides NFC with data necessary to establish allowances for bad debts.
- Authorizes and resubmits documents to NFC to settle customer/debtor disputes.
- Takes effective follow-up action to collect all past due amounts.
- Notifies NFC when an account is uncollectible and should be placed in a claims status.
- Establishes a Debtor-In-Possession (DIP) account number when a company files a Chapter 1 bankruptcy.
- Withdraws services for nonpayment of account.

Reports

BLCO generates periodic reports from data extracted from billing documents. Descriptions of these reports are as follows:

Report Number	Report Title	Description
BLCO 2901	Reimbursable Services Variance Report (Exhibit 8)	This report lists base and overtime hours reported for each inspector. It is in management code sequence and displays area totals or totals for individual inspectors.
BLCL 4603	Debtor Master List-Proof Update (Exhibit 9)	This list shows deletions, additions, and changes to the debtor master file. It is produced in debtor number sequence.
BLCO 6201	Delinquent Accounts (Exhibit 10)	This report is produced on delinquent accounts. It shows the unpaid receivables that are at least 30 days delinquent, but not more than 60. These reports are issued on the second billing cycle after the account becomes delinquent. It is sent to agency headquarters and submitting offices. Agencies use this list to identify those debtor accounts which require collection action.
BLCO 6202	Delinquent Accounts (Exhibit 11)	This report is produced on delinquent accounts. It shows unpaid receivables that are at least 60 days delinquent. These reports are issued on the third billing cycle after the account becomes delinquent. It is sent to agency headquarters and submitting offices. Agencies use this list to identify those debtor accounts which require collection action.
BLCO 6204	Debt Manager's Progress Report (Government Accounts) (Exhibit 12)	This report reflects the status of delinquent (government) accounts for the current and prior month, summarized by the number of months delinquent. It includes net charges and delinquent amounts for the month.
BLCO 6204	Debt Manager's Progress Report (Non-Government Accounts) (Exhibit 13)	This report reflects the status of delinquent (non-Government) accounts for the current and prior month, summarized by the number of months delinquent. It includes net charges and delinquent amounts for the month.

Report Number	Report Title	Description
BLCO 6208	Detailed Aged Accounts Receivable (Exhibit 14)	This report is in applicant number order. It includes the account balance, credit balance, interest, penalty, administrative charges, number of days delinquent, and all totals for each agency office.
BLCO 6501	Register of FSIS Documents Processed (Exhibit 15)	This report is used to notify FSIS regional offices of the document numbers processed by NFC.
BLCO 6601	Accounts Receivable Status (Exhibit 16)	This report provides agencies with a comprehensive analysis of all activity against an account. The report includes information; such as, current billing information, year-to-date charges, penalties, collections received during the past month, fee/charge documents received and billed by NFC during the month, and adjustments made to the account during the past month both by NFC and serviced agencies. It is produced in account number sequence according to the submitting office number.
BLCO 6604	Accounts In Claims Status (Exhibit 17)	This report is manually prepared in the Claims Section at NFC. It lists debtor's accounts that have been placed in the claims status.
BLCO 800X	Debtor Master List-By Name (Exhibit 18)	A list of applicants by name order. It is used by agencies as a reference file. This report is issued to headquarters and agency submitting offices upon request.
BLCO 800X	Debtor Master List-By Account (Exhibit 19)	A list of applicants by account number order. It is used by agencies as a reference file. This report is issued to headquarters and agency submitting offices upon request.
	Accounts Written Off-Fiscal Year 199X (Exhibit 20)	This report is produced by the Claims Section. It displays the debtor accounts written off within the specified year.

Online Inquiry

BLCO provides online debtor account information through BLCO Online Inquiry. BLCO Online Inquiry allows agencies to (1) have direct electronic access to the BLCO data base to view billing or collection data for agency debtor accounts, (2) review the current status of accounts, (3) review adjustments and collections on specific accounts, (4) review fee/charge document status, (5) review details and recaps of account history records, (6) review records of miscellaneous bills, including distribution of accounting, (7) review details and dates of inspection records, (8) review a directory of all debtor names, with the capability to search alphabetically, and (9) provide security restricting access to only agency accounts. For detailed information on BLCO Online Inquiry, see Title VI, Chapter 11, Section 1.

Personal Computer Billings And Collections (PC-BLCO)

The PC-BLCO system was designed and created to provide the capability for agencies to enter their documents at remote locations, thereby, improving the quality and accuracy of

transactions. This specialized system is used by agencies to transmit billing data to the mainframes at NFC. PC-BLCO gives agencies additional control and improves the operational efficiency and effectiveness of data processing. The front-end edits built into the system reduce the overall reject rate of documents received at NFC. To obtain information about PC-BLCO, contact Information Center personnel at **504-255-5230**.

Forms Completion Instructions For APHIS Form 89, Report Of Reimbursable Inspection And Quarantine Service

APHIS Form 89 (**Figure 1**) is used to record and report services performed on reimbursable inspection and quarantine services.

Use the following instructions to complete the form.

Note: The circled numbers in the figure identify the blocks on the form and correspond to the instructions below.

1. Serial Number

numeric field; 9 positions

This preprinted number is issued in numerical sequence. It is used to account for each set of APHIS Form 89 forms.

2. Name And Address Of Applicant

alphanumeric field; 30 positions

Enter the complete name and address of the applicant, including the ZIP Code. If a bill is to be issued, the address should be the same as listed in the billing address master file for the applicant.

3. Applicant Number

numeric field; 9 position

Enter the number assigned by the area office. If this is a temporary account and no approved number is assigned, leave blank.

4. Phone No. Of Applicant

numeric field; 10 positions

Enter the applicant's telephone number, beginning with the area code.

5. Submitting Office

numeric field; 4 positions

PPQ will enter **8** in position one to identify the program, followed by 1 digit to identify the region, and 2 digits to identify the area (work unit). VS will enter **9** in position one to identify the program, followed by 1 digit to identify the region, and 2 digits to identify the area.

6. APHIS 89 To Be Replaced

numeric field; 9 positions

If you are deleting or replacing a previously billed APHIS 89, enter the serial number of the APHIS 89 to be deleted or replaced.

Note: Do not use to adjust a COD payment. Do not enter the serial number if the replacement certificate is the result of a dispute letter.

U. S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE REPORT OF REIMBURSABLE INSPECTION AND QUARANTINE SERVICE					1. SERIAL NUMBER 80454826-1														
2. NAME AND ADDRESS OF APPLICANT - INCLUDE ZIP CODE (Stay within brackets)					APPLICANT IDENTIFICATION														
					3. APPLICANT NUMBER		4. PHONE NO. OF APPLICANT (Include Area Code)												
					5. SUBMITTING OFFICE (see instructions for codes)		6. APHS 89 TO BE REPLACED (Give serial number)												
					8. CURRENT OVERTIME RATE PER HOUR														
7. PLACE OF SERVICE					Airport and Airway Development Act		Regular		Sunday										
					<input type="checkbox"/> AADA - Commercial <input type="checkbox"/> Non-AADA														
					<input type="checkbox"/> AADA - Private (\$25 Maximum)														
SERVICE IDENTIFICATION																			
9. DATE OF SERVICE MM DD YY			10. SOCIAL SECURITY NO. OF OFFICER(S) (to be filled in by Officer in Charge)			11. OPCR. INIT.	12. IDENTITY OF SERVICE (Customs entry no., vessel name, alpha airline code, flight no., city/airport location code, etc. For a more detailed description, use the remarks section)				13. OVERTIME IN OUT		14. TVL AREA	15. HOURS					
														Regular			Sunday		
CERTIFICATION: I certify that services recorded above were performed.																			
16. SIGNATURE OF OFFICER AND TELEPHONE NUMBER (FTS/Commercial)					17. DATE		18. TOTAL HOURS REIMBURSABLE Record quarter hours in 3 and 6 as 1 for 1/4 hour, 2 for 1/2 hour, 3 for 3/4 hour and 0 for whole hours.					19. SIGNATURE OF APPLICANT OR APPLICANT'S REPRESENTATIVE	20. METHOD OF PAYMENT	21. AMOUNT					
												<input type="checkbox"/> BILLING <input type="checkbox"/> COD (complete items 22 and 23)	\$						
					22. COD INFORMATION		23. DRIVER'S LICENSE NUMBER AND STATE												
24. REMARKS																			
APHS FORM 89 (MAR 89) PART 1 - BILLING COPY																			

Figure 1. APHS Form 89 (front)

INSTRUCTIONS FOR COMPLETING APHIS FORM 89

- Item 1 - **SERIAL NUMBER** - The preprinted number is an accountable number. Each set of APHIS Form 89 must be accounted for. Use forms in numerical sequence.
- Item 2 - **NAME AND ADDRESS OF APPLICANT** - Print or type complete name and address of applicant, including zip code. If a bill is to be issued, the address should be the same as listed in the billing address master file for the applicant.
- Item 3 - **APPLICANT NUMBER** - Complete this item using the number assigned by the area office. If no approved number is assigned, leave blank, services must be paid for at time of inspection.
- Item 5 - **SUBMITTING OFFICE**- PPQ will enter "8" to identify program, 1 digit to identify region, and 2 digits to identify work unit. VS will enter "9" to identify program, 1 digit to identify region, and 2 digits to identify area.
- Item 6 - **APHIS 89 TO BE REPLACED** - Complete only when deleting or replacing a previously billed APHIS Form 89. Enter the serial number of the APHIS Form 89 to be deleted or replaced. Do not use to adjust a COD APHIS 89.
- Item 7 - **PLACE OF SERVICE** - Enter the place service was performed (city, port, terminal, etc.)
- Item 8 - **CURRENT OVERTIME RATES PER HOUR** - Indicate applicable AADA or non-AADA rate. Enter the current rate charged for Regular and Sunday overtime. If service involves border clearance of private aircraft or vessel, indicate AADA-Private and enter \$25 maximum charge in Item 21.
- Item 10 - **SOCIAL SECURITY NO. OF OFFICER(S)** - Only the Officer-in-Charge or clerical support will complete this block when service is provided by more than one officer. When only one officer uses the form, that officer will complete this block. **ANY DEVIATION FROM THESE PROCEDURES WILL VIOLATE THE PRIVACY ACT AS OUTLINED IN APHIS DIRECTIVE 156.1.**
- Item 11 - **OFFICER'S INITIALS** - Complete this block if supporting records (such as APHIS Form 89-A) are not available. Each officer should use all initials for each line entry. By initialing either the APHIS Form 89 or supporting records, the officer is certifying performance of the inspection and the overtime.
- Item 12 - **IDENTITY OF SERVICE** - Enter up to 12 digits to identify each line item. **DO NOT** use the wording "**SEE REMARKS BELOW**" in this section.
- Item 13 - **OVERTIME** - Use military time (24 hour clock) in recording hours in and out.
- Item 14 - **TRAVEL AREA** - Record the applicable commuted travel time allowed. Allowable commuted travel time should be included in Item 15 as appropriate.
- Item 15 - **HOURS** - Record quarter hours in positions 3 and 6 as follows: 1 for 1/4 hour, 2 for 1/2 hour, 3 for 3/4 hour, 0 if reporting whole hours. If inspection hours are to be prorated, APHIS Form 89-A may be used as a worksheet. Only show prorated hours applicable to this inspection.
- Item 18 - **TOTAL HOURS REIMBURSABLE** - Enter the total hours of Item 15.
- Item 20 - **METHOD OF PAYMENT**
 - BILLING** - Mark "X" when applicant number field (Item 3) is completed and a bill is to be issued for services provided.
 - COD** - Mark "X" when services paid for at the time of inspection. If paid by check, complete Items 22 and 23.
- Item 21 - **AMOUNT** - Enter the total cost of inspection when COD box marked. Total hours recorded in Item 18 times the applicable rates in Item 8. If service involves border clearance of private aircraft or vessel, enter \$25 maximum charge.
- Item 22 - **COD IDENTIFICATION** - If payment is by check record last six digits of bank account number and last four digits of check number. Record last 10 digits of money order if payment is by money order or cash.
- Item 23 - **DRIVER'S LICENSE NUMBER AND STATE** - If payment is by personal check, Drivers license number and state must be recorded. Name and address must be recorded in Item 24 "Remarks" if different than Item 2.

Mail Original for Billing to:
National Finance Center, USDA
P.O. Box 60950
New Orleans, LA 70160

Mail Original with Collection to:
United States Department of Agriculture
National Finance Center
COD Field Office
P.O. Box 70791
Chicago, IL 60673

Figure 2. APHIS Form 89 (back)

7. Place Of Service

alphanumeric field; 30 positions

Enter the location where the service was performed, e.g., city, port, terminal, etc.

8. Current Overtime Rate Per Hour

alphanumeric field; 4 positions

For the Airport and Airway Development Act, check C for commercial, P for private, or N for no. Enter the current rates charged for regular and Sunday overtime hours. If service involves border clearance of a private aircraft or vessel, enter a \$25 maximum charge in the Amount field.

9. Date Of Service

numeric field; 6 positions

Enter the date of service (mmddy).

10. Social Security No. Of Officer(s)

numeric field; 9 position

When the service is provided by more than one officer, the Officer-in-Charge or clerical support will complete this field. When the service is provided by only one officer, that officer will complete this field.

Note: Any deviation from these procedures will violate the privacy act as outlined in APHIS Directive 156.1.

11. Ofcr Init.

numeric field; 3 positions

Enter the officer's initial if supporting documents are not available (i.e., APHIS-89-A).

12. Identity Of Service

numeric field; 12 positions

Enter information used to identify the applicable line item.

Note: Do not use the wording See Remarks Below.

13. Overtime

numeric field; 4 positions

Enter the overtime hours in military time, e.g, 1200, for the inspector's in and out hours.

14. Tvl Area

numeric field; 3 positions

Enter the travel hours allowed.

15. Hours

numeric field; 3 positions

Enter the number of regular and Sunday hours worked in positions 1, 2, 4, and 5. Record quarter hours in positions 3 and 6. For example, 24.0. If the inspection hours are to be prorated, APHIS Form 89-A, may be used as a worksheet. Only show prorated hours applicable to this inspection service.

**16. Signature Of Officer
And Telephone Number**

numeric field; 30 positions

Enter the name and telephone number of the certifying officer.

17. Date

numeric field; 6 positions

Enter the certification date.

**18. Total Hours
Reimbursable**

numeric field; 3 positions

Enter the sum of all hours recorded in Block 15.

**19. Signature Of
Applicant Or Applicant's
Representative**

numeric field; 30 position

Enter the name of the applicant or applicant representative who would be verifying that the inspection services were received.

Method Of Payment

alphanumeric field; 1 positions

Enter **X** for the method of payment (billing or COD). If the applicant number is entered in Block 3, it is a billing. If the service was paid at the time of inspection, it is a COD.

Note: If the COD payment was made by check, complete Blocks 22 and 23.

Amount

numeric field; 9 positions

Enter the COD amount to be enclosed. This amount should be calculated as the total reimbursable hours recorded times the current overtime rate in Block 8.

Note: If the service involves border clearance of private aircrafts or vessels, enter a \$25 maximum charge.

COD Information

numeric field; 10 positions

If the payment was made by check, enter the last six digits of the applicant's bank account number and the last four digits of the check number. If the COD payment was made by money order, enter the last 10 digits of the money order.

**Driver's License Number
And State**

numeric field; 9 positions

If the payment was made by a personal check, enter the applicant driver's license number and state.

Remarks

alphanumeric field; 9 positions

Enter any pertinent information relating to the inspection. If this is a COD payment by personal check, enter the applicant's name and address, if different from the information entered in Block 2.

If this is a **billing**, mail the original from to:

National Finance Center
P.O. Box 60950
New Orleans, LA 70160

If this is a **COD**, mail the original form and the payment to:

United States Department Of Agriculture
National Finance Center
COD Field Office
P.O. Box 70791
Chicago, IL 60673

Forms Completion Instructions For Form AD-844, Billings And Collections Account Maintenance

Form AD-844 (**Figure 3**) is used to establish, update, and delete applicant account numbers on the BLCO master file. Submit the original to NFC and retain a copy for the agency.

Use the following instructions to complete the form.

1. Account Number

numeric field; 9 positions

Enter the first 8 digits of the applicant's account number. The ninth position of the account number will be used as a check digit. The check digit will be calculated using the existing formula. See Field 25.

2. Action Code

numeric field; 1 position

Enter the action code applicable to this account transaction.

- 1 establish an account
- 2 change data in an account file
- 3 delete an account from the master file.

Note: Blocks 1 and 2 must be completed, in addition to, the applicable blocks to be changed. The complete address must also be entered in Blocks 8-13. Unless an agency submits the AD-844 with an action 3, the account will remain on the BLCO master file.

3. NFC Use Only.

4. Foreign Indicator

alpha field; 1 position

Check Y (yes) if the applicant's address is in a foreign country. Otherwise, check N (no)

Note: Countries which have valid U.S. Postal Codes and U.S. ZIP Codes, such as, Puerto Rico are not considered foreign.

5. Method Of Payment

numeric field; 1 position

Check the method of payment.

- 0 indicates a normal billing
- 1 indicates an SF-1080 billing. Used by DOD and other Government agencies.
- 2 indicates an SF-1081 billing. Used by Government agencies, as applicable.

U.S. GOVERNMENT PRINTING OFFICE: 1981-223-930/900

UNITED STATES DEPARTMENT OF AGRICULTURE

BILLINGS AND COLLECTIONS ACCOUNT MAINTENANCE

1 ACCOUNT NUMBER (9) *												
2 ACTION CODE 1-Add 2-Change 3-Delete		3 NFC USE ONLY		4 FOREIGN INDICATOR No Yes <input type="checkbox"/> N <input type="checkbox"/> Y		5 METHOD OF PAYMENT Normal SF 1080 SF 1081 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2			6 CLAIM STATUS No Yes <input type="checkbox"/> N <input type="checkbox"/> Y		7 CASH IN ADVANCE No Yes <input type="checkbox"/> N <input type="checkbox"/> Y	
APPLICANT NAME AND ADDRESS (If Foreign Address, see procedure manual for blocks 11, 12, and 13.)												
8 NAME (30)						9 1ST LINE ADDRESS (30)						
10 2ND LINE ADDRESS (30)						11 CITY (18)			12 STATE (2)		13 ZIP CODE (5)	
14 PHONE (Area code and number)(10)				15 PLANT NO. (FSIS only)(6)		ACCOUNTING CLASSIFICATION (FSIS only)						
						16 MANAGEMENT CODE 1 (Reimb) (7)			17 MANAGEMENT CODE 2 (Vol) (7)			
AUTHORIZATION												
18 SIGNATURE AND DATE												
APPLICANT NUMBER WORKSHEET												
FIRST EIGHT DIGITS OF APPLICANT NUMBER		MULTIPLIED BY		EQUALS PRODUCTS								
1		X 3		=								
2		X 2		=								
3		X 7		=								
4		X 6		=								
5		X 5		=								
6		X 4		=								
7		X 3		=								
8		X 2		=								
Total Products				÷ 11 =		AND A REMAINDER OF **						
REMAINDER **		CHECK DIGIT NO. *		◀ Ninth position of Account Number								
11 -		=										

NOTE: If check digit is two positions, cancel the left digit and enter the right digit as the last digit of the Account Number.

Figure 3. Form AD-844

Note: Form NFC-523, Bill For Collection, will generate as the billing document.

6. Claim Status

alpha field; 1 position

Check **N** (no).

7. Cash In Advance

alpha field; 1 position

Check **Y** (yes) if the payment will be collected at the time of service. Otherwise, check **N** (no) to have the applicant billed by NFC.

8. Name

alphanumeric field; 30 positions

Enter the applicant's name.

9. 1st Line Address

alphanumeric field; 30 positions

Enter the first line of the applicants' mailing address.

10. 2nd Line Address

alphanumeric field; 30 positions

If applicable, enter the second line of the applicant's address.

11. City

alphanumeric field; 18 positions

Enter the city.

12. State

alphanumeric field; 2 positions

Enter the state abbreviation.

13. ZIP Code

numeric field; 9 positions

Enter the ZIP Code.

14. Phone

numeric field; 10 positions

Enter the applicant's telephone number, including the area code.

15. Plant No. (FSIS only)

alphanumeric field; 6 positions

Enter the plant number.

**16. Management Code 1
(Reimb) (FSIS only)**

numeric field; 7 positions

Enter the reimbursable management code. This code must be included if the action code is 1. Agencies must include their accounting codes on each certificate or listing sheet submitted to NFC for billing.

**17. Management Code 2
(Vol) (FSIS only)**

numeric field; 7 positions

Enter the voluntary management code. Must include if the action code is 1.

18. Signature And Date *alphanumeric field; 30 positions*

Enter the signature of the person establishing the account, including the signature date.

This section of the form is used as a worksheet to calculate the check digit. After computing, enter the check digit as the last digit of the applicant number.

19. First Eight Digits Of Applicant Number *numeric field; 8 positions*

Enter the first 8 digits of the applicant number.

20. Multiplied By *numeric field; 1 position*

Preprinted.

21. Equals Products *numeric field; 2 positions*

Multiply the applicant number in Block 19 times the number shown in Block 20. Enter the figure here.

22. Total Products *numeric field; 2 positions*

Enter the sum of Block 21.

23. (And A Remainder Of) *numeric field; 2 positions*

Divide the number in Block 22 by 11 and enter the figure here.

24. Remainder *numeric field; 2 positions*

Subtract 11 from the number in Block 23 and enter the figure here.

25. Check Digit No. *numeric field; 2 position*

Enter the number from Block 24.

Note: If the check digit is 2 positions, cancel the left digit and enter the right digit as the last digit of the account number.

Forms Completion Instructions For Form AD-846, Fee/Charge Document Reversal

Form AD-846 (**Figure 4**) is used to adjust and reverse a fee/charge document previously submitted to NFC. This is a 2-part form. Submit the original to NFC and retain a copy for the agency. Use a slash (/) to duplicate a previous entry.

Note: Do not submit any certificate attached to the AD-846.

Use the following instructions to complete the form.

Note: The circled numbers in the figure identify the blocks on the form and correspond to the instructions below.

-
- 1. Authorization Number** *numeric field; 9 positions*
If applicable, enter the authorization number used by your agency to control documents submitted to NFC.

 - 2. Account Number** *numeric field; 9 positions*
Enter the applicant's account number.

 - 3. Document Number** *numeric field; 9 positions*
This preprinted document number appears on the certificate that is being corrected and is used for control purposes.

 - 4. For NFC Use Only
(Data Base Key).**

 - 5. Date** *numeric field; 6 positions*
Enter the service date (mmddyy).

 - 6. Accounting Class** *numeric field; 10 positions*
Enter the accounting classification code for the charges to be reversed. This accounting must be the same as the accounting on the original certificate. NFC will verify the accounting code entered against the BLCO master file to ensure that the correct accounting code is being used.

 - 7. Rate** *numeric field; 4 positions*
Enter the rate code used by your agency.

 - 8. Units** *numeric field; 9 positions*
Enter the number of units to be reversed starting with the right side of the column. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

- 9. Amount** *numeric field; 9 positions*
Enter the amount if a rate code is XXX or Z7.
- 10. T/C** *numeric field; 3 positions*
Enter the transaction code assigned by your agency.
- 11. Adj Type.** *For NFC use only.*
- 12. Text** *numeric field; 3 positions*
Enter any pertinent information related to the reversal.
- 13. Total Units And Amount** *numeric field; 9 positions*
Enter the total units and amounts from Blocks 8 and 9.
- 14. Signature And Title** *alphanumeric field; 30 positions*
Enter the signature and title of the official approving the reversal.
- 15. Date Prepared** *numeric field; 9 positions*
Enter the date the document was prepared.
- 16. Telephone (Area Code and No.)** *numeric field; 10 positions*
Enter the telephone number of the approving official.
- 17. Batch Number.** *For NFC use only.*
-



Forms Completion Instructions For Form AD-847, Fees And Charges Listing Sheet

Form AD-847 (**Figure 5**) is used to establish and record billing data which is used by NFC to generate bills. This is a 2-part form. Submit the original to NFC and retain a copy for the agency.

Use the following instructions to complete the form.

Note: The circled numbers in the figure identify the blocks on the form and correspond to the instructions below.

Authorization Number *numeric field; 9 positions*
If applicable, enter the authorization number used by your agency to control documents submitted to NFC.

Account Number *numeric field; max. of 9 positions*
Enter the applicant's account number.

Check If Cash Collected And Checks Attached *alpha field; max. of 1 position*
Used for COD payments. Place a check in this block if monies have already been collected and a check(s) is attached.

Document Number *numeric field; 9 positions*
This preprinted document number appears on the certificate and is used for control purposes. This block must be entered.

Note: Only eight different rate codes may be used on the same document number or on the same sheet.

Bill Reference *alphanumeric field; 12 positions*
Enter any bill reference number that would assist the vendor to further identify the charges, e.g., vessel number, box car number, etc. This number will appear on the bill.

Document Date *numeric field; 6 positions*
Enter the document date (mmddy).

Accounting Class *numeric field; 10 positions*
Enter the accounting classification code for the subcenter, management code, or budget/accounting code for each document listed. AMS uses a 9-digit subcenter code and APHIS uses a 10-digit accounting classification code.

- Rate** *numeric field; 4 positions*
Enter the rate code used by your agency.
Note: Only eight different rate codes may be used on the same document number or on the same sheet.
- Units** *numeric field; 9 positions*
Enter the number of units to be billed starting with the right side of the column. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.
- Amount** *numeric field; 9 positions*
Enter the amount if the rate code is XXX or Z7.
- T/C** *numeric field; 3 positions*
Enter the transaction code assigned by your agency.
- Check Identification** *numeric field; 10 positions*
If a check is attached for payment of services, enter a 10-digit check identification number.
Note: Pos. 1-6 = last 6 digits of the applicant's bank account number. Pos. 7-10= last 4 digits of the check number.
- Program Data** *numeric field; 3 positions*
If applicable, enter the unit code and the number of program units
- Total Units And Amount** *numeric field; 9 positions*
Enter the total units and amounts from Blocks 9 and 10.
- Remarks** *alphanumeric field; 60 positions*
Enter any pertinent information related to the billing.
- Signature And Title** *alphanumeric field; 30 positions*
Enter the signature and title of the official approving the billing.
- Date Prepared** *numeric field; 9 positions*
Enter the date the certificate was prepared.
- Telephone (Area Code and No.)** *numeric field; 10 positions*
Enter the telephone number of the approving official.
- For NFC Use Only.**
-



Forms Completion Instructions For Form AD-496-4, Bill For Collection

Form AD-496-4 (**Figure 6**) is used to establish a (field) bill and record collections for services performed in lieu of the formal certificate. This is a 4-part form. The original (white) and remittance (yellow) copies are given to the debtor, the agency (green) copy is retained by the agency preparing the certificate, and the NFC (pink) copy is sent to NFC for billing.

Note: If the payment is COD, the NFC copy and the payment must be sent to the COD lockbox address.

Use the following instructions to complete the form.

Note: The circled numbers in the figure identify the blocks on the form and correspond to the instructions below.

1. Enter the debtor's name and billing address.

2. Billing Office

alphanumeric field; 80 positions

Enter the billing office number, including the agency, division, and location of the agency preparing the bill.

3. Amount Enclosed

numeric field; 9 positions

Used by field offices to record cash payments. Enter the amount if monies have already been collected and enclosed. Enter amounts in dollars and cents.

4. Date Or Period

numeric field; 6 position

Enter the date or period the services were provided for each item. For advances, enter the remittance date.

5. Description

alphanumeric field; 60 positions

Enter a full description of the purpose of the billing. If this is an advance payment, enter **advance** and include the purpose. Whenever a contract or agreement is involved, the contract number should be included in the description.

6. Quantity

numeric field; 9 positions

Enter the quantity for each item.

7. Cost

numeric field; 10 positions

Enter the unit cost for each item.

UNITED STATES DEPARTMENT OF AGRICULTURE

BILL FOR COLLECTION

Payment due immediately by money order, check or bank draft. Payable to: **U.S. DEPARTMENT OF AGRICULTURE**

DO NOT SEND CASH

MAIL PAYMENT WITH COPY OF THIS
 BILL TO:

Collection Officer
 USDA
 National Finance Center
 P. O. Box 60950
 New Orleans, Louisiana 70160

BILLING OFFICE				AMOUNT ENCLOSED		\$	
DATE OR PERIOD	DESCRIPTION	QUANTITY	UNIT PRICE		AMOUNT		
			COST	PER	DOLLARS	CENTS	
					\$		
AGEN. CODE	ACCTNG. STATION CODE	AUTHORIZATION NUMBER	BILL NUMBER	TOTAL AMOUNT DUE		\$	
DEBTOR NUMBER	TRANS. CODE A/R	SYST. CODE COLL.	DATE OF ISSUE MO. DAY YR.				

Form AD-496-4 (5-76)

ACCOUNTING CLASSIFICATION							AMOUNT	
A	B	C	D	E	OBJ. CLS.			
						\$		
TOTAL						\$		

MUST AGREE WITH "TOTAL AMOUNT DUE" ABOVE

MAIL TO NFC WITH REMITTANCE

Form AD-496-4 (5-76)

Figure 6. Form AD-496-4

- 8. Per** *alphanumeric field; 9 positions*
Enter the unit of issue, e.g., ea=each. Leave blank if not applicable.
- 9. Dollars** *numeric field; 9 positions*
Enter the dollar and cents amount for each item.
- 10. Agen Code** *numeric field; 2 positions*
Enter the appropriate billing agency code.
- 11. Acctng. Station Code** *numeric field; 10 positions*
Enter the agency's accounting station code.
- 12. Authorization Number** *numeric field; 9 positions*
If applicable, enter the authorization number used by your agency to control documents submitted to NFC. All documents attached to the bill must have the same authorization number as the bill.
- 13. Bill Number** *numeric field; 9 positions*
Enter the agency assigned bill number. This number will appear on the bill.
- 14. Total Amount Due** *numeric field; 9 positions*
Enter the amount from Block 9.
- 15. Debtor Number** *numeric field; 9 positions*
Enter the debtor number.
- 16. T/C (A/R)** *numeric field; 3 positions*
Enter the agency assigned accounts receivable/transaction code.
- 17. T/C (Coll)** *numeric field; 3 positions*
Enter the agency assigned collections/transaction code on the original copy.
- Note:** EZ = unbilled collections (COD) and RZ = field prepared billings.
- 18. Syst. Code** *numeric field; 1 position*
Enter **I**.
- 19. Date Of Issue** *numeric field; 6 positions*
Enter the date the billing was prepared (mmddyy).

**20. Accounting
Classification**

numeric field; 10 positions

Enter agency accounting data. For AMS, use the 9-digit subcenter number in Column B.

21. Amount

numeric field; 9 positions

Enter the amount in dollars and cents for each line of accounting. For advances, leave blank.

22. Total

numeric field; 9 positions

Enter the total amount from Block 21. Leave blank for advances.

FSIS Form 5110-1

FSIS Form 5110-1 (**Figure 7**) is used to record inspector's hours and to serve as a billing document. This is a 4-part form. The white (billing office) copy is sent to NFC. The blue (regional office/import field office) copy is sent to the field office. The yellow (plant/establishment) copy is sent to the plant office. The pink (retain by inspector) copy is used by the inspector.

Use the following instructions to complete the form.

1. Name Of Inspector

alphanumeric field; 9 positions

Enter the inspector's name.

2. Reserved.

3. Name Of Recipient

alphanumeric field; 30 positions

Enter the name of the company receiving the services.

4. Plant No.

alphanumeric field; 6 positions

Enter the plant or establishment number.

5. Date (From/To)

numeric field; 12 positions

Enter the beginning and ending dates for the period of service.

Note: This date should correspond with the applicable pay period.

**6. Meat & Poultry
Inspection/Import
Overtime And Holiday**

numeric field; 3 positions

Enter the hours worked in each column for the first and second week. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

**7. Other Government
Services**

alphanumeric field; 22 positions

Enter government program and type of service rendered.

8. Base

numeric field; 3 positions

Enter the base hours worked for other government service in each column for the first and second week. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not appear on the FSIS FORM 5110-1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to do so will limit the Agency's ability to ensure the correctness of billing documents.

1. NAME OF INSPECTOR (Print)		3. NAME OF RECIPIENT		4. PLANT NO.		
5. DATE		6. MEAT & POULTRY INSPECTION/IMPORT OVERTIME AND HOLIDAY	7. OTHER GOVERNMENT SERVICES		8. VOLUNTARY INSPECTION PROGRAM	
From	To		BASE	OVERTIME/HOLIDAY	BASE	OVERTIME/HOLIDAY
FIRST WEEK	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
SECOND WEEK	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					
A.	RATES	B	C	B	C	B
	UNITS					

B. SERVICE IDENTIFICATION

B1. APPLICANT NO. B2. DOCUMENT NO. **78-22299017** B4. PLANT NO. B5. DATE MO. DAY YR. B6. COD AMOUNT

C. FIXED AMOUNTS **D. ACCOUNTING CLASSIFICATION**

C1. TOTAL REIMBURSABLE C2. TOTAL VOLUNTARY D1. MANAGEMENT CODE (Reimbursable) D2. MANAGEMENT CODE (Voluntary)

E. MISCELLANEOUS

E2. AREA E3. APPLICANT PHONE (Area Code) E4. SOCIAL SECURITY NO. E5. NFC USE

F. APPLICANT NAME AND ADDRESS

F1. NAME F2. FIRST LINE ADDRESS

F3. SECOND LINE ADDRESS F4. CITY STATE ZIP CODE

9. REMARKS	EXPENSES	REIMBURSABLE		VOLUNTARY	
	PER DIEM	10.	\$	10.	\$
	AUTO MILES	11.	\$	11.	\$
	OTHER	12.	\$	12.	\$
	TOTAL	13.	\$	13.	\$

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001).

14. PLANT RECEIPT (Signature) 15. INSPECTOR'S SIGNATURE

FSIS FORM 5110-1 (8/86) REPLACES MP FORM 11 (2/83), WHICH MAY BE USED UNTIL EXHAUSTED. BILLING OFFICE

Figure 7. Form FSIS-5110-1

9. Overtime/Holiday

numeric field; 3 positions

Enter the overtime or holiday hours worked for other government service in each column for the first and second week. The quarter hours are represented as **0**= no quarter hour, **1**=one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

10. Voluntary Inspection Program (Base)

numeric field; 3 positions

Enter the voluntary base hours worked in each column for the first and second week. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

11. Voluntary Inspection Program (Overtime/Holiday)

numeric field; 3 positions

Enter the voluntary overtime or holiday hours worked in each column for the first and second week. The quarter hours are represented as **0** = no quarter hour, **1** = one quarter hour, **2** = half quarter hour, and **3** = three-fourths quarter hour.

12. Rates

alpha field; 1 position

Preprinted.

13. Units

numeric field; 3 positions

Enter the total hours from each column.

14. Applicant No.

numeric field; 9 positions

Enter the applicant's assigned number.

15. Document Number

numeric field; 9 positions

This preprinted document number appears on the form and is used for control purposes.

16. Plant No.

numeric field; 6 positions

Enter the plant number.

17. Date

numeric field; 6 positions

Enter the date the service was completed.

18. COD Amount

numeric field; 9 positions

If applicable, enter the cash payment amount.

19. Total Reimbursable

numeric field; 9 positions

Enter the total reimbursable expenses from Block 37.

20. Total Voluntary *numeric field; 9 positions*
Enter the total voluntary expenses from Block 37.

21. Management Code (Reimb) *numeric field; 9 positions*
Enter the reimbursable management code.

22. Management Code (Vol) *numeric field; 9 positions*
Enter the voluntary management code.

23. Area *numeric field; 3 positions*
Enter the IO area or IFO number.

24. Applicant Phone (area code) *numeric field; 10 positions*
Enter the applicant's telephone number.

25. Social Security No. *numeric field; 9 positions*
Enter the inspector's social security number.

Note: If the applicant is a Federal-State Cooperative Program Plant (Talmadge-Aiken) inspector, enter 999-99-9999 for social security number.

26. NFC Use Only.

27. Name *alphanumericfield; 30 positions*
Enter the applicant's name.

28. First Line Address *alphanumericfield; 30 positions*
Enter the applicants' mailing address.

29. Second Line Address *numeric field; 30 positions*
If applicable, enter the second line of the applicant's address.

30. City *alphanumericfield; 18 positions*
Enter the city.

31. State *alphanumericfield; 2 positions*
Enter the state.

- 32. ZIP Code** *numeric field; 9 positions*
Enter the ZIP Code.
- 33. Remarks** *alphanumeric field; 60 positions*
Enter any pertinent information related to the inspection or billing.
- 34. Per Diem** *numeric field; 9 positions*
If applicable, enter the per diem.
- 35. Auto Miles** *numeric field; 9 positions*
Enter the auto miles and total costs.
- 36. Other** *numeric field; 9 positions*
Enter any other expenses.
- 37. Total** *numeric field; 9 positions*
Enter the total amount of the reimbursable and voluntary expenses in each column.
- 38. Plant Receipt (Signature)** *numeric field; 9 positions*
Enter the signature of the person verifying the inspection service.
- 39. Inspector's Signature** *numeric field; 9 positions*
Enter the inspector's signature.
-



Exhibits

1. [Form NFC-523, Bill For Collection](#)
2. [Dispute Letter](#)
3. [Form NFC-864, Delinquent Notice \(second\)](#)
4. [Form NFC-864, Delinquent Notice \(third\)](#)
5. [Form NFC-864, Delinquent Notice \(fourth\)](#)
6. [Form LS-375, Seed Analysis Certificate](#)
7. [Form LS-9-1, Livestock Acceptance Certificate](#)
8. [BLCO 2901, Reimbursable Services Variance Report](#)
9. [BLCO 4603, Debtor Master List-Proof Update](#)
10. [BLCO 6201, Delinquent Accounts](#)
11. [BLCO 6202, Delinquent Accounts](#)
12. [BLCO 6204, Debt Manager's Progress Report \(Government Accounts\)](#)
13. [BLCO 6204, Debt Manager's Progress Report \(Non-Government Accounts\)](#)
14. [BLCO 6208, Detailed Aged Accounts Receivable](#)
15. [BLCO 6501, Register Of FSIS Documents Processed](#)
16. [BLCO 6601, Accounts Receivable Status](#)
17. [BLCO 6604, Accounts In Claims Status](#)
18. [BLCO 800X, Debtor Master List-By Name](#)
19. [BLCO 800X, Debtor Master List-By Account](#)
20. [Accounts Written Off-Fiscal Year 199X](#)

1. Form NFC-523, Bill For Collection (system generated)

FOOD SAFETY INSPECTION SERVICE, MEAT & POULTRY				3705056	U.S. DEPARTMENT OF AGRICULTURE BILL FOR COLLECTION			
DOCUMENT	DATE	REFERENCE	AMOUNT		DOCUMENT	DATE	REFERENCE	AMOUNT
008549674	03/18	337	1,128.90		012965940	03/18	337	588.30
012966005	03/18	00337M1	834.75		019186870	04/01	337	127.20
020470636	04/01	337	1,136.85		020470651	02/18	337	691.65
020470719	03/18	337	1,423.05		021734766	03/18	337	818.85
021734774	03/18	337	286.20		021734790	04/01	337	421.35
021735029	03/18	337	524.70		021735268	04/01	337	604.20
021735276	04/01	337	381.60		021735284	04/01	337	572.40
021735292	04/01	337	604.20		021735763	03/18	337	302.10
021735771	03/18	337	445.20		021735797	04/01	00337	620.10
021735813	04/01	337	954.00					
PAYMENT RECEIVED			4,308.90	04/24	REFERENCE		1506939791	
PAYMENT RECEIVED			10,875.60	04/24	REFERENCE		1506939790	

1. REMINDER- PAYMENTS MUST BE RECEIVED ON OR BEFORE DUE DATE TO AVOID A LATE PAYMENT PENALTY.
2. ACCOUNTS RECEIVABLE INFORMATION IS BEING PROVIDED MONTHLY TO A COMMERCIAL CREDIT REPORTING COMPANY.

BEEF PROCESSORS

NATIONAL FINANCE CENTER
 U.S. DEPT OF AGRICULTURE
 BLCD COLLECTIONS
 P.O. BOX 70790
 CHICAGO, IL 60673-0790

PRIOR BALANCE	\$	15,184.50	PAYMENTS/CREDITS	\$	15,184.50
AMOUNT PAST DUE	\$.00	LATE CHARGES	\$.00
COMPUTED AT	\$	15.000	CHARGES/DEBITS	\$	12,465.60
	% Per Annum				
Total Amount Due	\$	12,465.60	Due Month	05	25
			Due Date	01	95
ACCOUNT NUMBER	Bill	05	Month	01	Year
	Date				

FOR PROPER CREDIT, RETURN THIS PORTION WITH YOUR REMITTANCE TO THE ABOVE ADDRESS

FORM NFC-523 Revised 9/88

AGENCY NAME FOOD SAFETY INSPECTION SERVICE, MEAT & POULTRY				3705056	U.S. DEPARTMENT OF AGRICULTURE BILL FOR COLLECTION			
DOCUMENT	DATE	REFERENCE	AMOUNT		DOCUMENT	DATE	REFERENCE	AMOUNT
008549674	03/18	337	1,128.90		012965940	03/18	337	588.30
012966005	03/18	00337M1	834.75		019186870	04/01	337	127.20
020470636	04/01	337	1,136.85		020470651	02/18	337	691.65
020470719	03/18	337	1,423.05		021734766	03/18	337	818.85
021734774	03/18	337	286.20		021734790	04/01	337	421.35
021735029	03/18	337	524.70		021735268	04/01	337	604.20
021735276	04/01	337	381.60		021735284	04/01	337	572.40
021735292	04/01	337	604.20		021735763	03/18	337	302.10
021735771	03/18	337	445.20		021735797	04/01	00337	620.10
021735813	04/01	337	954.00					
PAYMENT RECEIVED			4,308.90	04/24	REFERENCE		1506939791	
PAYMENT RECEIVED			10,875.60	04/24	REFERENCE		1506939790	

1. REMINDER- PAYMENTS MUST BE RECEIVED ON OR BEFORE DUE DATE TO AVOID A LATE PAYMENT PENALTY.
2. ACCOUNTS RECEIVABLE INFORMATION IS BEING PROVIDED MONTHLY TO A COMMERCIAL CREDIT REPORTING COMPANY.

PLANT NO. 337
 PO BOX 9254
 CORPUS CHRISTI TX 78469-9254

PRIOR BALANCE	\$	15,184.50	PAYMENTS/CREDITS	\$	15,184.50
AMOUNT PAST DUE	\$.00	LATE CHARGES	\$.00
COMPUTED AT	\$	15.000	CHARGES/DEBITS	\$	12,465.60
	% Per Annum				
Total Amount Due	\$	12,465.60	Due Month	05	25
			Due Date	01	95
ACCOUNT NUMBER	Bill	05	Month	01	Year
	Date				

FORM NFC-523 Revised 9/88

Form NFC-523, Bill For Collection *(system generated)*

NOTIFY US IN CASE OF PROBLEMS, ERRORS, OR QUESTIONS ABOUT YOUR BILL

If you think there is a problem or error with your bill, write to us on a separate sheet of paper at the following address:

USDA - National Finance Center
P.O. Box 60950
New Orleans, LA 70160

We must hear from you no later than 60 days from the date of the bill on which the error or problem appeared.

Your inquiry should include the following information:

- Your name and account number
- The dollar amount, document number, and date of suspected error
- Description of the problem or error

If necessary, you may call the Program Billings and Collections Section at 1-800-242-3632 or 1-504-255-2221, but doing so will not preserve your rights.

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE

We must acknowledge your inquiry within 15 days of receipt, unless we have corrected the error by then. Within 30 days of receipt of your inquiry, we must either correct the error or explain why we believe the bill was correct.

For nonreceipt of support documentation or questions regarding the service provided (inspection, grading, etc.),

please contact the agency field office that provided the service. If they are unable to provide assistance, you should contact us as soon as possible.

LATE PAYMENT CHARGES

To protect the interest of the Government on amounts overdue, the Department of Treasury requires a late payment charge on all delinquent debts. Remittance for the total amount due must be received on or before the due date.

In addition to a late payment charge being assessed on delinquent debts, we may also assess charges to cover the costs of processing and handling delinquent claims and assess a penalty charge not to exceed six percent per annum for failure to pay any portion of a debt more than ninety days past due.

You do not have to pay any questioned amount while we are investigating the error, but you are obligated to pay those parts of your bill that are not in question.

If we find we made a mistake on your bill, you will not have to pay any charges related to the questioned amount. If we did not make a mistake, you may have to pay late charges and you will have to remit any missed payments relating to the questioned amount. In either case, we will send you a statement of the amount you owe and the date it is due.

ACCOUNTS RECEIVABLE

Accounts receivable information is being provided to a commercial credit reporting company.

2. Dispute Letter (sample)

XXXXXXXXDis
pute No. XXXXXXXXXX

To: Field Office Supervisor
Agency X _____
Office XXXXXX

THE BILLING DOCUMENT LISTED BELOW HAS BEEN DISPUTED BY THE DEBTOR AND IS BEING RETURNED TO YOU FOR RESEARCH AND CORRECTION. THE DOCUMENT HAS BEEN DELETED FROM THE BILLINGS AND COLLECTIONS SYSTEM FOR THE REASON SHOWN.

<u>ACCOUNT NO</u>	<u>DOCUMENT NO</u>	<u>DOC DATE</u>	<u>AMOUNT</u>
XXXXXXXXXX	XXXXXXXXXX	XX/XX/XX	XXX,XXX.XX

<u>BILL REFERENCE</u>	<u>AUTHORIZATION NO</u>	<u>BATCH NO</u>	<u>REASON</u>
XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXX	
X _____	X		

UPON COMPLETING YOUR RESEARCH, YOU MAY TAKE ONE OF THE FOLLOWING ACTIONS:

1. CORRECT AND RESUBMIT THE SAME DOCUMENT
2. SUBMIT A REPLACEMENT DOCUMENT
3. SUBMIT THE SAME DOCUMENT WITHOUT CHANGE AFTER CONSULTING DEBTOR
4. SUBMIT NO DOCUMENT

IN ANY CASE, THIS LETTER MUST BE RETURNED, AND THE APPROPRIATE BILLING DOCUMENT MUST BE ATTACHED IF ACTION TAKEN IS 1, 2, OR 3.

REMEMBER, THE DOCUMENT HAS BEEN DELETED FROM THE SYSTEM; THEREFORE, YOUR AGENCY'S REVENUE HAS BEEN REDUCED BY THE AMOUNT ABOVE. IF YOUR AGENCY USES THE AUTHORIZATION NUMBER FOR CONTROL PURPOSES, A NEW AUTHORIZATION NUMBER MUST BE USED IF A DOCUMENT IS ATTACHED. QUESTIONS REGARDING THIS LETTER SHOULD BE DIRECTED TO INQUIRY AT 680-5370, EXT. 220, 221, OR 222 (FTS) OR 504-255-5370, EXT. 220, 221, OR 222 (COM).

COLLECTION OFFICER

NFC

ACTION TAKEN AUTHORIZED BY

3. Form NFC-864, Delinquent Notice (second) (sample)



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60,950
New Orleans
Louisiana 70160

February 16, 1995

ACCOUNT NUMBER: 55555555

Amount Past Due: \$995.80

Total Amount Due: \$995.80

As reflected on our billing of February 1, 1995, your account with the Federal Grain Inspection Service is past due.

If the account is not paid in full by the 25th of this month, the following actions will be taken:

1. Unfavorable Delinquent Account Information Will Continue To Be Reported To Commercial Credit Reporting Companies,
2. Additional 15 Percent Late Payment Interest Charges Will Be Assessed, And
3. Your Account Will Be Reviewed For Possible Denial Of Credit And All Future Services Rendered On A Prepaid Basis.

Please mail all remittances to the return address printed on the top portion of your bill.

If you have any questions on your account, Please contact the USDA, OFM, National Finance Center, P.O. Box 60950, New Orleans, Louisiana, 70160 or call 504-255-2221.

USDA/OFM/FSD/BCB
Program Billings And Collections Section

Helena's Imports
2640 Canal Street
New Orleans, LA 70119-6449

FORM NFC-864
(Revised 3/93)

4. Form NFC-864, Delinquent Notice (third) (sample)



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60950
New Orleans
Louisiana 70160

THIRD NOTICE

February 1, 1995

APPLICANT NO : 55555555

AMOUNT PAST DUE: \$27.01

TOTAL AMOUNT DUE: \$27.69

Your account with the AGRICULTURAL MARKETING SERVICE
is more than 30 DAYS DELINQUENT.

If the account is not paid in full by the 25th of this month, the
following actions will be taken:

1. Potentially damaging credit information regarding your
account will continue to be reported to commercial
credit reporting companies,
2. Additional 15 percent late payment interest charges
will be assessed, and
3. Your account will be reviewed for possible TERMINATION of
services.

Please mail all remittances to the return address printed on the
top portion of your bill.

If you have any questions on your account billing information, please contact the
AGRICULTURAL MARKETING SERVICES - FRESH FRUIT AND VEGETABLE office that performed
the services.

If you have any questions on the collection or payment information on your account,
you may write the USDA, OFM, NATIONAL FINANCE CENTER, PROGRAM BILLINGS AND COLLECTION
SECTION, P.O. BOX 60950, NEW ORLEANS, LOUISIANA 70160 OR CALL 504-255-2221.

Helena's DISTRIBUTION CENTER
80 DISTRIBUTION BLVD.
EDISON NJ 08817-6006

FORM NFC-864
(REVISED 6/88)

5. Form NFC-864, Delinquent Notice (fourth) (sample)



United States
Department of
Agriculture

Office of
Finance and
Management

National
Finance
Center

P.O. Box 60950
New Orleans
Louisiana 70160

FOURTH NOTICE

February 1, 1995

APPLICANT NO : 55555555

AMOUNT PAST DUE: \$10.31

TOTAL AMOUNT DUE: \$10.90

Your account with the AGRICULTURAL MARKETING SERVICE
is more than 60 DAYS DELINQUENT.

If the account is not paid in full by the 25th of this month, the
following actions will be taken:

1. More potentially damaging credit information regarding
your account will continue to be reported to commercial
credit reporting companies,
2. Additional 15 percent late payment interest charges
will be assessed,
3. A 6 percent PENALTY CHARGE will be assessed retroactively
from the first day of delinquency on the balance that is
more than 90 days delinquent, and
4. Your account will be subject to submission to OUR CLAIMS SECTION

If you have any questions on your account billing information, please contact the
AGRICULTURAL MARKETING SERVICES - PROCESSED FRUIT AND VEGETABLE office that performed
the services.

If you have any questions on the collection or payment information on your account,
you may write the USDA, OFM, NATIONAL FINANCE CENTER; PROGRAM BILLINGS AND COLLECTIONS
SECTION, P.O. BOX 60950, NEW ORLEANS, LOUISIANA 70160 OR CALL 504-255-2221.

Helena's FROZEN FOODS INC
137 MARKET STREET
PO BOX 106
FORT KENT ME 04743-9703

FORM NFC-864
(REVISED 3/93)

6. Form LS-375, Seed Analysis Certificate (sample)

 <p>U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE LIVESTOCK AND SEED DIVISION FEDERAL SEED LABORATORY, BELTSVILLE, MD 20705</p>		CERTIFICATE NO. 70-019510-7	
		DATE ISSUED February 3, 1995	
SEED ANALYSIS CERTIFICATE - Sample		INSPECTION 1/	
Tested in accordance with <u>ISTA</u> rules.		NAME OF SEED (pepper) Capsicum sp.	
SENDER'S MARK Lot No. 1058, pepper, Cayenne Long Slim, WSO#76455.			
PURE SEED 100.0 %	INERT MATTER trace 2/ %	CROP SEEDS 0.0 %	WEED SEEDS 0.0 %
CROP SEEDS		WEED SEEDS	
GERMINATION 89 3/ %	ABNORMAL SPROUTS 6 %	HARD SEED 0 %	TEST PERIOD 14 DAYS
NOXIOUS-WEED SEEDS BASED ON EXAMINATION OF _____ GRAMS			
NOT REQUESTED			
REMARKS			
1/ The results herein apply only to the above described sample submitted by California Seed Co. The sample is to represent a 150 pounds of said seed scheduled for export to Saudi Arabia. 2/ The inert matter consisted of seed coat pieces. 3/ BP; 20-30°C. The seed was officially sampled and the sample sealed by a Ventura County Seed Inspector, California Department of Food and Agriculture. The seed sample was tested using the same ISTA rules as those required for an Orange Lot Certificate. Treatment: Thiram			
SIGNATURE <i>Richard C Payne</i>		TITLE Richard C. Payne, Supervisor Testing Section, Seed Branch	
This certificate is issued under the authority of the Agricultural Marketing Act of 1946, as amended (7 U.S.C. 1621 et seq.), and the regulations thereunder (7 CFR 75.1 et seq.), and is receivable in all courts of the United States as prima facie evidence of the truth of the statements therein contained. This certificate does not excuse failure to comply with any of the regulatory laws of the United States.			
A UNITS/RATES			
B SERVICE IDENTIFICATION			
1. APPLICANT NO. 55555555	2. CERTIFICATE NO. 70-019510-7	3. AUTHORIZATION NO.	4. BILL REFERENCE 1058
		5. DATE ISSUED Mo. 02 Day 3 95	
C FIXED AMOUNTS		D ACCOUNTING CLASSIFICATION	
1. TOTAL DUE \$61.95		1. SUBCENTER 348400745	
E MISCELLANEOUS			
1. CERTIFICATE TO BE REPLACED	2. DIVISION	3. APPLICANT PHONE (Area Code and No.)	
F APPLICANT NAME AND ADDRESS			
1. NAME Helena's Golden Harvest		2. 1ST LINE ADDRESS Attn: Rita Garcia	
3. 2ND LINE ADDRESS P.O. Box 5316		4. CITY Ventura	5. STATE CA 6. ZIP CODE 93005
FORM LS-375 (8-83) Edition of 8-82 is obsolete.			

Exhibits

7. Form LS-9-1, Livestock Acceptance Certificate (sample)

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE				BATCH NUMBER:			48	1	21	4	
LIVESTOCK ACCEPTANCE CERTIFICATE				APPLICANT NUMBER:			99	13	00	00	
CERTIFICATION NUMBER:				SUBCENTER NUMBER:			3	2	9	0	
MN- <input checked="" type="checkbox"/> <input type="checkbox"/> 021894							0	0	6	5	
NAME OF APPLICANT: <i>HELENA'S Mercantile Exch.</i>				NAME OF DELIVERING AGENT: <i>Bi-State</i>							
ADDRESS OF APPLICANT: <i>30 S. Wacker Chicago, IL 60606</i>				ADDRESS OF DELIVERING AGENT: <i>National Stockyards</i>							
LOCATION: <i>St. Louis</i>				NAME OF BUYER: <i>ADM</i>							
This certificate is receivable by all officers and all Courts of the United States as prima facie evidence of the truth of the statements therein contained. (This certificate does not excuse failure to comply with any of the regulatory laws enforced by the U.S. Department of Agriculture.)											
SPECIES OF LIVESTOCK AND DESCRIPTION											
SLAUGHTER CATTLE					SLAUGHTER HOGS						
NUMBER HEAD					NUMBER HEAD	<i>162</i>					
TOTAL WEIGHT					TOTAL WEIGHT	<i>39,640</i>					
AVERAGE WEIGHT					AVERAGE WEIGHT	<i>245</i>					
NUMBER CHOICE					NUMBER 215-219 LBS.						
NUMBER SELECTS					NUMBER 220-229 LBS.	<i>3</i>					
YIELD GRADE 4					NUMBER 230-280 LBS.						
HOT DRESSING PERCENT.					NUMBER 281-270 LBS.	<i>3</i>					
NUMBER 100-200 LBS. UNDER AVERAGE WT.					NUMBER 271-280 LBS.						
NUMBER 100-200 LBS. OVER AVERAGE WT.											
BLOCK NUMBER					PEN NUMBER	<i>107 109 111</i>			SEAL NUMBER		<i>5874 5875 5876</i>
<input checked="" type="checkbox"/> ACCEPTED					<input type="checkbox"/> REJECTED	(State on the following lines the reason for rejection.)					
BASE HOURS				LMN	1	<i>10</i>		CERTIFICATION STATEMENT I CERTIFY that in compliance with the Federal Livestock Grading Regulations (7 CFR 53, Subpart A, . . . as amended) under the Agricultural Marketing Act of 1946, as amended (7 U.S.C. 1621 - 1627), I examined the livestock described above at the time and place stated, and found that at said time and place the class, grade, and other quality thereof were as stated above and such livestock complied with any specifications listed, with any qualifications noted above. The conduct of all services and activities, and the licensing of grading personnel under the regulations governing such services, shall be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.			
NIGHT, SAT., SUN., HOURS				LMN	2						
HOLIDAY HOURS				LMN	3						
PER DIEM DAYS				LMN	6						
MILES				LMN	7						
TOTAL OTHER EXPENSES				LMN	7	\$		SIGNATURE OF GRADER: <i>Burton Smith</i>			
LS-9-1 (6-62) (Previous editions may be used)											

8. BLCO 2901, Reimbursable Services Variance Report (sample)

DATE PREPARED		XX/XX/XX		U S D A NATIONAL FINANCE CENTER		BLCO 2901		PAGE	
PAY PERIOD		26 (931226-940108)		BILLINGS AND COLLECTIONS				PROGRAM FSIS	
REIMBURSABLE SERVICES VARIANCE REPORT									
MGMT CODE	INSPECTOR NAME	SOC-SEC-NO	PLANT NO	DOCUMENT NO	HOURS BASE	5110-1	REPORTED OVERTIME/HOLIDAY	5110-1	
585100		TOTAL				.00		12.00	
		55555555	6529	016489004		.00		14.00	
		TOTAL				.00		14.00	
		55555555	6529	016489343		.00	.00	7.75	
		TOTAL				.00		7.75	
		55555555	P323	015901363		.00	.00	.75	
		TOTAL				.00		.75	
		55555555	P6529	016489178		.00	.00	8.25	
		TOTAL				.00		8.25	
		55555555	6529	016489269		.00	.00	11.00	
		TOTAL				.00		11.00	
		55555555	6529	016489145		.00	.00	4.00	
		TOTAL				.00		4.00	
		55555555	13281	780350466		.00	.00	2.00	
		TOTAL				.00		2.00	
		55555555	6529	016489228		.00	.00	14.75	
		TOTAL				.00		14.75	
		AREA TOTAL				.00		105.25	
586100		00000000	P1201	012394711		.00	.00	9.00	
		00000000	16	013715930		.00	.00	.75	
		00000000	P16	013715971		.00	.00	1.00	
		00000000	413	015438259		.00	.00	17.50	
		00000000	1759	015514075		.00	.00	1.25	
		00000000	239	015891937		.00	.00	7.00	
		00000000	7070	015896803		.00	.00	.50	
		00000000	PI	017477792		.00	.00	2.25	
		00000000	PI	017477941		.00	.00	.50	
		TOTAL				.00		39.75	
		55555555	P3197	015477513		.00	.00	12.50	
		TOTAL				.00		12.50	
		55555555	18285	018556602		.00	.00	15.75	
		TOTAL				.00		15.75	
		55555555	12637	015912238		.00	.00	10.50	
		TOTAL				.00		10.50	
		99999999	8341A	009387768		.00	.00	2.00	
		99999999	7439	010377635		.00	.00	19.00	
		TOTAL				.00		21.00	
		AREA TOTAL				.00		99.50	
589100		55555555	1412	780113647		.00	.00	3.00	
		TOTAL				.00		3.00	
		AREA TOTAL				.00		3.00	

Exhibits

9. BLCO 4603, Debtor Master List-Proof Update (sample)

DATE PREPARED 04/25/95		U S D A NATIONAL FINANCE CENTER		BLCO 4603 02 159 PAGE 1	
AGENCY: 02 AGRICULTURAL MARKETING SERVICE		BILLINGS AND COLLECTIONS		DEBTOR MASTER LIST - PROOF OF UPDATE	
OFFICE: 159 DAIRY DIVISION, ILLINOIS REGIONAL OFFICE		DEBTOR MASTER LIST - PROOF OF UPDATE			
APPLICANT	AREA	CDE PHONE NO	APPLICANT	AREA	CDE PHONE NO
151901620	---	414 947-3943	Big Ben's Poultry	---	608 289-3126
ACTION: ---CHG FROM---					
151901620 Helena's Grade A Eggs					
Waukesha, WI. 531882261					
Chief Inspector					
P O BOX 367					
SPARTA, WI. 546562456					
151903622	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151903622 Helena's Grade A Eggs					
ALMA CENTER, WI. 546110000					
Chief Inspector					
ROUTE 1 BOX 65					
ALMA CENTER, WI. 546110000					
BARABOO, WI. 539130111					
151904033	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151904033 Helena's Grade A Eggs					
SAUK CITY, WI. 535831856					
1235 WATER STREET					
SAUK CITY, WI. 535831856					
151913440	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151913440 Helena's Grade A Eggs					
SAUK CITY, WI. 535831856					
1235 WATER STREET					
SAUK CITY, WI. 535831856					
151913458	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151913458 Helena's Grade A Eggs					
SAUK CITY, WI. 535831856					
1235 WATER STREET					
SAUK CITY, WI. 535831856					
151917980	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151917980 Helena's Grade A Eggs					
LUXEMBURG, WI. 542179802					
N 7223 COUNTY HIGHWAY A					
LUXEMBURG, WI. 542179802					
151917980	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151917980 Helena's Grade A Eggs					
LUXEMBURG, WI. 542179802					
N 7223 COUNTY HIGHWAY A					
LUXEMBURG, WI. 542179802					
151917980	---	608 643-3316	Big Ben's Poultry	---	608 356-8316
ACTION: ---CHG FROM---					
151917980 Helena's Grade A Eggs					
LUXEMBURG, WI. 542179802					
N 7223 COUNTY HIGHWAY A					
LUXEMBURG, WI. 542179802					

10. BLCO 6201, Delinquent Accounts (sample)

DATE PREPARED	U S D A NATIONAL FINANCE CENTER	BLCO 6201	PAGE
04/05/95	BILLINGS AND COLLECTIONS	3705	137
DELINQUENT ACCOUNTS			
APPLICANT	BILL MAILED TO :	P A Y M E N T	CURRENT BALANCE
771428886	Helena's Foods	AMOUNT	OVER 30 DAYS DELINQUENT
	P O BOX 547125	302.10	3.78
	ORLANDO, LA 328547125		
	PHONE 4072918035		
	PLANT # 17521 M		
			660.70
771429483	Ben's Poultry	AMOUNT	OVER 30 DAYS DELINQUENT
	P O BOX 76	308.63	1,105.53
	BRASELTON, LA 305170078		
	PHONE 7066542746		
	PLANT # 17933 M		
			2,584.34
771429742	ABC Food Service	AMOUNT	OVER 30 DAYS DELINQUENT
	P O BOX 1187	127.08	25.81
	LOC: 197 AVE B		
	VALDOSTA, GA 316031187		
	PHONE 912249887		
	PLANT # 18158 M		
			184.66
771430777	FATMS USA	AMOUNT	OVER 30 DAYS DELINQUENT
	W PALM BEACH, D.C. 394100888	620.16	7.76
	PHONE 4078814800		
	PLANT # 18202 P		
			1,444.81
771430886	LAL Refrigerated Foods	AMOUNT	OVER 30 DAYS DELINQUENT
	1740 WESTGATE PARKWAY	221.89	2.73
	ATLANTA, FL 303382774		
	PHONE 4043494704		
	PLANT # 18778 P		
			122.81
771431178	XV7 Seasonings	AMOUNT	OVER 30 DAYS DELINQUENT
	THEODORE, WA 365828535	3,180.42	59.05
	PHONE 2053236450		
	PLANT # 13128A M		
			1,470.12



11. BLCO 6202, Delinquent Accounts (sample)

DATE PREPARED	04/05/95	U S D A NATIONAL FINANCE CENTER	BLCO 6202 3705	PAGE	140	
BILLINGS AND COLLECTIONS						
DELINQUENT ACCOUNTS						
AGENCY	FSIS	FOOD SAFETY INSPECTION SERVICE	BILLING DATE:	04/01/95		
OFFICE	058	10 SOUTHEASTERN REGIONAL OFFICE	CLOSING DATE:	03/25/95		
THESE ACCOUNTS OR PORTIONS OF THEM HAVE BEEN DELINQUENT FOR AT LEAST 60 DAYS. DEMAND LETTERS HAVE BEEN SENT NOTIFYING THE DEBTOR OF THEIR DELINQUENCY. INTEREST, PENALTY, AND ADMINISTRATIVE CHARGES ARE NOT INCLUDED IN THE DELINQUENT AMOUNT. THE DELINQUENT AMOUNT IS PRINCIPAL ONLY. ADDITIONAL FOLLOW UP IS YOUR AGENCY'S RESPONSIBILITY.						
APPLICANT	BILL MAILED TO :	LAST DATE	PAYMENT AMOUNT	PAID THRU MO-YR	OVER 60 DAYS DELINQUENT	CURRENT BALANCE
77141478	ABC FOODS CALLE RAMAS, NO 6 SAN GERMAN, HI 006834144 PHONE 8098925890 PLANT # 07386 M	07/28/93	64.00	00/00	30.72	98.42
771428151	EFD Dairies P O BOX 280216 COLUMBIA, IL 292280216 PHONE 6039578817 PLANT # 17298 M	12/09/94	63.75	00/00	716.50	913.15
771461891	HIJ Farms BOX 939 ZOLFO SPRINGS, LA 338990939 PHONE 8137351400 PLANT # 18899 M	09/09/00		00/00	4,658.46	6,251.59
771461930	KLM Meat Packers P O BOX 20417 RIO PIEDRAS, FL 00928 PHONE 8084730800 PLANT # 18867 M	09/31/95	145.92	00/00	73.74	1,120.06
771462120	NOP Poultry Co. 7598 NW 8TH AVE BOCA RATON, LA 334871332 PHONE 8002755733 PLANT # 00000 P	01/31/95	62.33	00/00	1.27	1.33
771429862	XYZ Salads 1280 SW 29TH AVE POMPANO BEACH, WA 330694359 PHONE 3055717470 PLANT # 17762 M	09/29/95	62.21	12/93	1.54	96.98

12. BLCO 6204, Debt Manager's Progress Report (Government Accounts)

(sample)

DATE PREPARED		04/05/95		U S D A NATIONAL FINANCE CENTER		BLCO 6204 3705		PAGE		53	
BILLINGS AND COLLECTIONS		DEBT MANAGERS PROGRESS REPORT		GOVERNMENT ACCOUNTS		YTD DEBIT		A S S E S S E D		TOTAL	
AGENCY: 37 FSIS FOOD SAFETY INSPECTION SERVICE		OFFICE: 057 TO NORTH CENTRAL REGIONAL OFFICE		ADJUSTMENTS		CHARGES		PENALTY		ADMIN	
BALANCE DUE		YTD CREDIT		YTD DEBIT		INTEREST		PCT OF		DOLLAR	
PRIOR FY		ADJ/WRITE-OFF		RECEIVED		ADJ/WRITE-OFF		TOTAL		VALUE	
5,402.09		7,904.99		.00		9,214.13		.00		.00	
AGE OF ACCOUNTS		NO OF		PCT OF		DOLLAR		NO OF		DOLLAR	
NOT DELINQUENT		ACCOUNTS		TOTAL		VALUE		ACCOUNTS		VALUE	
UP TO 1 MONTH		1-30		DAYS		6,711.23		100		6,711.23	
2 MONTHS		31-60		DAYS							
3 MONTHS		61-90		DAYS							
4 TO 6 MONTHS		91-180		DAYS							
7 TO 12 MONTHS		181-360		DAYS							
OVER 12 MONTHS		OVER 360		DAYS							
TOTAL WITHOUT INTEREST, PENALTIES, OR ADMIN CHARGES						6,711.23		100		6,711.23	
CREDIT BALANCE ACCOUNTS											
ACCOUNTS RECEIVABLE TOTAL		AMOUNT DUE				6,711.23					

Exhibits

13. BLCO 6204, Debt Manager's Progress Report (Non-Government Accounts) (sample)

DATE PREPARED 04/05/95		U S D A NATIONAL FINANCE CENTER		BLCO 6204 3705		PAGE 347	
AGENCY: 37 FSIS FOOD SAFETY INSPECTION SERVICE		BILLINGS AND COLLECTIONS		NON-GOVERNMENT ACCOUNTS			
OFFICE: 057 10 NORTH CENTRAL REGIONAL OFFICE		DEBT MANAGERS PROGRESS REPORT		NON-GOVERNMENT ACCOUNTS			
BALANCE DUE PRIOR FY		YTD CREDIT RECEIVED		YTD DEBIT ADJUSTMENTS		TOTAL AMOUNT DUE	
8,777,793.36		7,128,056.88		79,093.52		1,722,247.55	
142,684.73		3,356.25		11,843.79		144,281.71	
AS OF THE 1ST DAY OF: MARCH 1995		MARCH 1995		APRIL 1995		INCREASE / DECREASE	
AGE OF ACCOUNTS		NO OF ACCOUNTS		DOLLAR VALUE		PCT OF TOTAL	
NOT DELINQUENT		731		1,457,618.64		91	
UP TO 1 MONTH		63		109,551.52		7	
2 MONTHS		29		18,385.90		1	
3 MONTHS		16		6,408.00		1	
4 TO 6 MONTHS		12		5,326.03		1	
7 TO 12 MONTHS		3		881.87		2	
OVER 12 MONTHS OVER 360 DAYS							
TOTAL WITHOUT INTEREST, PENALTIES OR ADMIN CHARGES		856		1,597,872.06		100	
CREDIT BALANCE ACCOUNTS		28		-7,173.53		20	
ACCOUNTS RECEIVABLE TOTAL INTEREST DUE				2,785.79			
ACCOUNTS RECEIVABLE TOTAL PENALTIES DUE				116.80			
ACCOUNTS RECEIVABLE TOTAL ADM CHARGES DUE				6.00			
ACCOUNTS RECEIVABLE TOTAL AMOUNT DUE				1,722,247.55			

14. BLCO 6208, Detailed Aged Accounts Receivable (sample)

DATE PREPARED	04/05/95	U S D A NATIONAL FINANCE CENTER	BLCO 6208 02	PAGE	76
BILLINGS AND COLLECTIONS					
DETAILED AGED ACCOUNTS RECEIVABLE					
AGENCY: 02 AMS AGRICULTURAL MARKETING SERVICE					
OFFICE: 21FC61 FPB, SAN ANTONIO, TX					
APPLICANT NO DEBTOR NAME					
ACCOUNT BALANCE	CREDIT BALANCE	NOT DELINQUENT	* * * * * CHARGES ASSESSED * * * * *	INTEREST PENALTY	ADMIN
1 - 30 31 - 60 61 - 90 91 - 180 181 - 360 OVER 360					
211610191	119.86	72.60	46.68		
Chicken Delight					
211610212	137.20				
Helena's Eg INC.					
211610221	211.00				
Boss Hog					
211610239	109.35				
Daisy Dukes					
211610247	694.95				
Kermit's Kitchen					
211610263	534.57	197.60	4.18	302.89	130.21
Packers And Stackers					
211610271	87.00				
Moving Imports					
211610280	90.90				
Best Little Produce					
211610281	460.50				
Have It Your Way, Inc.					
211610286	97.71			97.00	
Little Piggys					
211610288	520.00				
Inspector General's Poultry					
211610336	327.71	270.60	.71		56.40
Chief Cook					



Exhibits

15. BLCO 6501, Register Of FSIS Documents Processed (sample)

DATE PREPARED 04/05/95		U S D A NATIONAL FINANCE CENTER		BLCO 6501		PAGE 44		
REGISTER OF FSIS DOCUMENTS PROCESSED								
AGENCY: 37								
OFFICE: 056 10 SOUTHWESTERN REGIONAL OFFICE								
DOCUMENT TYPE -5110-								
APP NO	MGMT CODE	APPLICANT NO	PLANT NO	FEE CHARGE DOC NO	DOCUMENT DATE	BATCH NO		
				--- CURRENT BILLING ---		-FISCAL YEAR TO DATE-		
				HOURS	AMOUNT	HOURS	AMOUNT	
538	58111	555555555	7182	021372625	03/05/95	32981	22.25 707.55	22.25 707.5
			7182	021372653	03/04/95	32981	20.75 659.85	579.75 18,261.3
				ACCOUNT TOTAL	110.50	3,513.90	669.50	21,115.41
					.00	.00	27.25	866.5
58113	555555555	555555555	07131	019190732	02/18/95	32922	705.00 22,419.00	3,046.25 96,258.69
			07131	019190740	03/04/95	32981	31.00 985.80	31.00 985.8
			P-7131	019190757	03/18/95	33352	1.00 1,621.80	51.00 1,621.8
			P-7131	019522516	03/07/95	32981	2.50 79.50	2.50 79.5
			P-7131	019522523	03/04/95	32981	41.50 1,318.70	41.50 1,318.7
			P-7131	010978821	03/04/95	32981	1.75 95.65	1.75 95.6
			P-7131	010978839	03/18/95	33352	17.75 564.45	17.75 564.4
			07131	017778732	03/18/95	33352	46.25 1,470.75	46.25 1,470.7
				ACCOUNT TOTAL	22.25	707.55	782.75	24,014.3
555555555	7084	555555555	7084	021358908	02/18/95	32980	214.00 8,808.30	984.30 30,111.95
			7084	021358101	04/18/95	32980	4.00 127.20	4.00 127.2
			7084	021358199	03/04/95	33071	4.00 127.20	4.00 127.2
			7084	021358188	03/18/95	33347	9.25 294.15	9.25 294.1
			7084	021358184	03/18/95	33347	4.00 127.20	4.00 127.2
			7084	021358143	03/04/95	33071	1.00 31.80	1.00 31.8
				ACCOUNT TOTAL	36.25	1,164.75	64.95	2,031.6
555555555	P138	555555555	P138	017008098	02/11/95	32903	45.75 1,454.85	45.75 1,454.8
			P138	017008074	03/11/95	32928	35.00 1,155.00	35.00 1,155.0
			P138	017008082	03/04/95	32981	80.00 2,400.00	80.00 2,400.0
			P138	017008050	03/07/95	32981	85.75 2,572.50	85.75 2,572.5
			P138	019254762	03/11/95	32949	40.75 1,222.50	40.75 1,222.5
			P138	003883005	03/18/95	33303	81.75 2,452.50	81.75 2,452.5
				ACCOUNT TOTAL	264.50	8,308.10	1,162.50	36,680.82
555555555	P811	555555555	P811	021432983	03/04/95	32988	9.25 283.50	9.25 283.5
			P-811	021432981	02/18/95	32988	4.00 127.20	4.00 127.2
			P-811	021432978	02/18/95	32983	20.00 636.00	20.00 636.0

16. BLCO 6601, Accounts Receivable Status (sample)

DATE PREPARED 04/05/95		U S D A NATIONAL FINANCE CENTER		BLCO 6601 02		PAGE 1946	
PROGRAM-ID BLCO 63		BILLINGS AND COLLECTIONS		ACCOUNTS RECEIVABLE STATUS		BILLING DATE: 04/01/ CLOSING DATE: 03/29/95	
AGENCY: 02 - AGRICULTURAL MARKETING SERVICE OFFICE: 21EW34 - FPB, LOS ANGELES, CA APPLICANT: Helena's Wholesale							
ACCOUNT		CURRENT BILLING		CURRENT STATUS		YEAR-TO-DATE	
211341106	PRIOR BALANCE:	885.10	LAST PAYMENT:	885.10	CHARGES:	3,217.90	
Helena's Wholesale	COLLECTIONS:	885.10	PAYMENT DATE:	03/28/95	INTEREST:	0.00	
55555 Peaceway Hwy.	CR ADJUSTMENTS:	0.00	PAID THROUGH:	02/01/95	PENALTIES:	0.00	
WESTLAKE VILLAGE, CA. 913613002	AMOUNT PAST DUE:	0.00	INTEREST RATE:	15.000	ADMIN CHARGES:	0.00	
	INTEREST:	0.00	PENALTY RATE:	6.000			
	PENALTIES:	0.00					
	ADMIN CHARGES:	0.00					
	CURRENT CHARGES:	1,506.65	A C C O U N T S T A T U S				
	DR ADJUSTMENTS:	0.00	CLAIMS	TEMP	DELETE	REFUND	WR OFF
	AMOUNT OF BILL:	1,506.65	NO	NO	YES	NO	NO
			NO	NO	YES	NO	NO
----- COLLECTIONS -----							
CHECK-IDENT	AMOUNT COLLECTED	885.10	0.00	0.00	0.00	5497.99	03/20/95 07933
	PRINCIPAL		INTEREST	PENALTIES	ADMIN CHGS	STATUS	PROCESS
						CD	CD
						NO	NO
						DATE	DATE
						NO	NO
----- FEE CHARGE DOCUMENTS -----							
FEE CHG DOC NO	BATCH NO	AUTH NO	TYPE OF SERVICE	RATE	UNITS	AMOUNT	OT SERVICE IDENT
345037824	00269	0000000000	XXX	0.0	0.0	580.06	03/22/95
345037824	00273	0000000000	XXX	0.0	0.0	406.80	03/31/95
345037824	00289	0000000000	XXX	0.0	0.0	190.20	03/08/95
345037814	00263	0000000000	XXX	0.0	0.0	149.20	03/10/95
34503713	00266	0000000000	XXX	0.0	0.0	200.40	03/15/95



Exhibits

17. BLCO 6604, Accounts In Claims Status (sample)

DATE PREPARED 04/27/95 U S D A NATIONAL FINANCE CENTER PAGE 2
 PROGRAM-19 BLCO 38 BILLINGS AND COLLECTIONS ACCOUNTS IN CLAIM STATUS

AGENCY: 02 - AGRICULTURAL MARKETING SERVICE BILLING DATE: 04/01/
 OFFICE: 215301 - SCIENCE DIVISION - CHICAGO, IL CLOSING DATE: 03/25/95
 APPLICANT: Helena's Wholesale

ACCOUNT: 531013484
 Helena's Wholesale
 5555 Peaceway BLVD.
 VINELAND, NJ. 083600000

AMOUNT COLLECTED	PRINCIPAL	INTEREST	PENALTIES	ADMIN CHGS	STATUS	PROCESS DATE	CP NO	CP DATE	BATCH NO
1,432.47	0.00	1,432.47	0.00	0.00	0	04/27/95	400109	04/26/95	49516

CURRENT BILLING: PRIOR BALANCE: 87,824.38
 COLLECTIONS: 1,432.47
 CR ADJUSTMENTS: 0.00
 AMOUNT PAST DUE: 0.00
 INTEREST: 0.00
 PENALTIES: 0.00
 ADMIN CHARGES: 0.00
 CURRENT CHARGES: 0.00
 DR ADJUSTMENTS: 0.00
 AMOUNT OF BILL: 0.00

CURRENT STATUS: LAST PAYMENT: 1,432.47
 PAYMENT DATE: 04/27/95
 PRINCIPAL: 74,704.29
 PAID THROUGH: 00/00/00
 INTEREST RATE: 0.000
 PENALTY RATE: 0.000

YEAR-TO-DATE CHARGES: 0.00
 INTEREST: 4,688.57
 PENALTIES: 1,704.21
 ADMIN CHARGES: 0.00

A C C O U N T S T A T U S
 CLAIMS TEMP DELETE REFUND MR OFF CIA Y080 Y081
 YES NO NO YES YES YES NO NO NO

COLLECTIONS
 H O M A P L I E D
 PRINCIPAL INTEREST PENALTIES ADMIN CHGS
 0.00 1,432.47 0.00 0.00

18. BLCO 800X, Debtor Master List-By Name (sample)

DATE PREPARED 05/05/95		U S D A NATIONAL FINANCE CENTER		BLCO 8003		PAGE 164			
		BILLINGS AND COLLECTIONS							
		DEBTOR MASTER LIST - BY NAME							
APPLICANT	LAST AREA	LAST AREA	LAST AREA	APPLICANT	LAST AREA	APPLICANT	LAST AREA		
REC'BL	CDE	REC'BL	CDE	REC'BL	CDE	REC'BL	CDE		
NO	NO	NO	NO	NO	NO	NO	NO		
NO	NO	NO	NO	NO	NO	NO	NO		
99999999	04/93	000 000-0000	12/94	000 000-0000	04/95	000 000-0000	99999999	02/94	305 633-6551
The Red Hen House		Chief Inspector		Big Ben's Poultry		Helena's Grade A Eggs		P.O. BOX 420216	
P.O. BOX 250		PAAULO, HI. 967760250		BROOKLYN, NY. 11236		MIAMI, FL. 332420216			
MGT CODES: 557111 550191		PLANT # : 1063		STATUS: CLAIMS					
211564415	05/95	305 633-6551	21161014	12/94	407 466-0700	211040131	/	505 546-9008	
Chief Inspector		Big Ben's Poultry		Helena's Grade A Eggs		The Red Hen House		PO BOX 550	
PO BOX 420216		MIAMI, FL. 332420216		FORT PIERCE, FL. 349541646					
311411021	05/94	601 843-8301	631109179	12/94	000 000-0000	641313866	03/95	502 633-3400	
Big Ben's Poultry		Helena's Grade A Eggs		The Red Hen House		Chief Inspector		PO BOX 35	
PO BOX 1497		DANVILLE, VA. 245412546		SHELBYVILLE, KY. 400860804		BURT, IA. 505220335			
CLEVELAND, MS. 387321497									
771193232	/	406 284-3251	221232828	05/93	812 655-3234	631109398	12/94	000 000-0000	
Helena's Grade A Eggs		The Red Hen House		Chief Inspector		Big Ben's Poultry		712 862-8589	
PO BOX 548		MANHATTEN, NY. 687418428		250 DEER TRAIL EAST		P.O. BOX 294		1915 AIRLINE DRIVE	
MGT CODES: 999111 990191		SEEBING, FL. 338708810		STATUS: CLAIMS		WILSON, NC. 276940884		HOUSTON, TX. 770690000	
PLANT # : 8277									
641811191	/	713 678-3451	211610042	05/95	210 222-9567	151700535	05/95	605 862-8191	
The Red Hen House		Chief Inspector		Big Ben's Poultry		Helena's Grade A Eggs		225180733	
1280 SHOTWELL		1500 S. ZARZAMORA, UNIT 418		BIG STONE CITY, SD. 572160000		342 NW SECOND		ORTONVILLE, MN. 662781413	
HOUSTON, TX. 770307349		SAN ANTONIO, TX. 782077223				STATUS: 1080			
221180988	05/93	414 436-8301	211270403	05/94	214 393-0787	631105211	/	000 000-0000	
Helena's Grade A Eggs		Big Ben's Poultry		Chief Inspector		The Red Hen House		000 000-0000	
PO BOX 86		COPPELL, TX. 750190518		P.O. BOX 1202		P.O. BOX 177		LAWRENCEVILLE, VA. 238680177	
CHASKA, MN. 553180086									



Exhibits

19. BLCO 800X, Debtor Master List-By Account (sample)

DATE PREPARED	12/06/94	U S D A NATIONAL FINANCE CENTER	BLCO 8004	PAGE	425
BILLINGS AND COLLECTIONS		DEBTOR MASTER LIST - BY ACCOUNT			
APPLICANT	DEBTOR NAME	DEBTOR ADDRESS 1	DEBTOR ADDRESS 2	CITY, STATE, & ZIP	
999999999	Ruby's Hens	PO BOX 1750	PLANT NO. 18157	WATSONVILLE, CA. 950771750	MGMT CODE (1) 551111 (2) 550191
999999999	Helena's Grade A Eggs	14583-B E 14TH ST	PLANT NO. 17844	SAN LEANDRO, CA. 945782814	MGMT CODE (1) 551111 (2) 550191
999999999	Chief Inspector	150 CHESTNUT ST	PLANT NO. EXPORT	OAKLAND, CA. 946072511	MGMT CODE (1) 551111 (2) 550191
999999999	The Red Hen House	2433 S 4TH AVE	PLANT NO. 17875	TUCSON, AZ. 857134811	MGMT CODE (1) 552111 (2) 550191
999999999	Cheezy's	555 E OCEAN BLVD STE 725	PLANT NO. 17844	LONG BEACH, CA. 908025054	MGMT CODE (1) 551111 (2) 550191
999999999	Chief Inspector	150 CHESTNUT ST	PLANT NO. 17757	OAKLAND, CA. 946071206	MGMT CODE (1) 551111 (2) 550191
999999999	Ruby's Hens	446 TOWNE AVE	PLANT NO. 18048	OAKLAND, CA. 946072511	MGMT CODE (1) 551111 (2) 550191
999999999	Helena's Grade A Eggs	2800 S CALIFORNIA ST	PLANT NO. 6061	STOCKTON, CA. 952063242	MGMT CODE (1) 551111 (2) 550191
999999999	Chief Inspector	444 RICHARDS BLVD	PLANT NO. 18143	SACRAMENTO, CA. 958140220	MGMT CODE (1) 551111 (2) 550191
999999999	The Red Hen House	1799 OLD BAYSHORE HIGHWAY #144	PLANT NO.	BURLINGAME, CA. 94010	MGMT CODE (1) 551111 (2) 550199
999999999	Cheezy's	PO BOX 40638	PLANT NO. 187	BAKERSFIELD, CA. 933840638	MGMT CODE (1) 551111 (2) 550191
999999999	Ruby's Hens	PO BOX 738	PLANT NO. 2847	TURLOCK, CA. 953810738	MGMT CODE (1) 551111 (2) 550191
999999999	Helena's Grade A Eggs	2214 B LEE AVE	PLANT NO. 01886	SO EL MONTE, CA. 917322510	MGMT CODE (1) 557111 (2) 550191
999999999	Chief Inspector	1210 W BURBANK BLVD	PLANT NO. 17184	BURBANK, CA. 915061418	MGMT CODE (1) 557111 (2) 550191
999999999	The Red Hen House	1932 SAN MATEO AVE	PLANT NO. 18214	SO SAN FRANCISCO, CA. 94080	MGMT CODE (1) 551111 (2) 550191
999999999	Cheezy's	1210 E VICTOR RD	PLANT NO. 826	LODI, CA. 952400819	MGMT CODE (1) 551111 (2) 550191
999999999	Ruby's Hens	1010 SOUTH SIERRA WAY	PLANT NO. 17820	SAN BERNARDINO, CA. 9240821	MGMT CODE (1) 551111 (2) 550191
999999999	Helena's Grade A Eggs	1965 CENTRAL AVE	PLANT NO.	MCKINLEYVILLE, CA. 95821390	MGMT CODE (1) 555111 (2) 550191
999999999	Chief Inspector	250 WEST CROSSROADS SQUARE	PLANT NO. 18152	SALT LAKE CITY, UT. 8411525	MGMT CODE (1) 552111 (2) 550191
999999999	The Red Hen House	801 MONTGOMERY ST	PLANT NO.	SAN FRANCISCO, CA. 94133916	MGMT CODE (1) 551114 (2) 550199
999999999	Cheezy's	2001 BUTTERFIELD RD	PLANT NO.	DOWNERS GROVE, IL. 60515105	MGMT CODE (1) 551114 (2) 550191
999999999	Helena's Grade A Eggs	16000 CHRISTENSEN ROAD	BLDG 2 SUITE 300	SEATTLE, WA. 981882928	MGMT CODE (1) 556111 (2) 550191
999999999	Chief Inspector	221 ORE-IDA COURT	PLANT NO. 18205P	POCATELLO, ID. 832021963	MGMT CODE (1) 553113 (2) 550191
999999999	The Red Hen House	1776 MIDDLE HARBOR RD	PLANT NO.	OAKLAND, CA. 946071206	MGMT CODE (1) 551111 (2) 550191
999999999	Cheezy's	PO BOX 1274	PLANT NO. 17924	OAKHURST, CA. 936441274	MGMT CODE (1) 551111 (2) 550191

20. Accounts Written Off-Fiscal Year 199X *(sample)*

AMS - Poultry Division
 Accounts Written Off - Fiscal Year 1995
 10/01/94 - 04/30/95

Name	Treasury Symbol	Applicant Number	Status	Amount	Claim Number	JV Reg. Sch No.	No. 0045 Date
Helena's Grade A Eggs	12X8015	555555555	Chapter 7	\$2,967.86	52050	540062	04/25/95
Big Ben's Poultry	12X8015	555555555	Liquidation	\$3,337.98	55555	540062	04/25/95
Chief Inspector	12X8015	555555555	Delinquent	\$5,123.45	55555	540062	04/25/95
The Red Hen House	12X8015	555555555	Disputed	<u>\$7,500.39</u>	55555	540062	04/25/95
				\$18,929.68			

Glossary

Account Balance. Total monetary funds due the USDA for services rendered. This may be a credit (negative) amount. It may also include interest for delinquent charges.

Account Number. A distinctive 9-position numeric code assigned to each applicant/customer/debtor.

Address. The applicant's (corporate or individual) name and place of business. The address is associated with the assigned account number and is used in BLCO to forward all correspondence pertaining to the billing.

Adjustment Count. Total number of adjustment entries on a specific bill.

Adjustment Type. Type of adjustment made to the billing.

Administrative Cost. Amount of administrative expenses incurred in processing a billing/collection. It is applied against an account.

Advance Balance. Amount of funds remaining in an account which had advance payments made prior to the vendor services.

Amount Collected. Cash payment received in the field or on-site for services rendered. It is enclosed with the collection document and sent to the applicable lockbox address.

Batch Identification. Batch number assigned as a control for transaction and source documents.

Bill Item Count. Total number of items on a specific bill.

Bill Reference. Supplemental identification pertaining to the account or document, e.g., vessel or plant name.

Bill Units. Units of measure entered by the agency. It relates to the value of charges.

Cash Advance. Cash payment made prior to services being rendered.

CD Number. Certificate of Deposit/SF215 number. It is associated with bank deposits.

Claims. An account status resulting from delinquent payments.

Class. Budget object classification code used for accounting purposes.

Data Base Key. NFC uses this key to identify items in the BLCO database.

Date Last Paid. Last date payment was received on a specific account.

Interest. Charges resulting from late payments.

Last Payment Amount. Last amount paid on an account. This does not encompass the total amount received during the cycle.

Line Item Count. Total number of lines on a particular bill.

Method Of Payment. Type of payment made for services rendered. 0 = Billing, 1 = SF1080, and 2 = SF1081.

Office. Various division/organizational entities within agencies. A 6-position code with the first 2 positions identifying the agency and the last 4 positions identifying a suborganization.

Penalty. Cost of funds appropriate to compensate for delinquent payments and/or additional costs incurred to process a collection beyond normal procedures. This amount is applied against the account.

Prior Year Interest Paid. Total interest paid through the last calendar year.

Principal Balance. Actual amount due for services rendered. It does not include interest, penalties, or administrative charges.

Reference Number. Usually a document number; however, the organization generating the adjustment record can enter any distinctive 10-position alphanumeric code/combination, which cannot be duplicated.

Service Identification. A 12-position alphanumeric code assigned by the agency to identify the type of services rendered.

Write Off. A method used to process an uncollectible debt.

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