TRANSMITTAL OF REIMBURSABLE OR TRUST FUND AGREEMENT

Action Code	Agreements		
N = New AD = Amend A = Add R = Replace D = Delete			

BILL TO:
(if reimbursable agmnt, give name and complete mailing address; n/a to Trust Fund Agreements)

SEND TO:
National Finance Center, USDA
Reporting Section No. 4
Location Liaison Unit
P.O. Box 53326
New Orleans, LA 70153

ARS Agreement No.:	Table 78 Number:	Account Type	Effective Date

DISTRIBUTION OF FUNDS	1	2	3	Total
ACCOUNTING CODE		Increase		
NET TO FUNDHOLDER				
LOCATION SUPPORT COST				
INDIRECT PRGM SUPPORT COST				
GROSS TOTAL				

ACCT. CODES TO BE CREDITED WITH OBLIGATION TRANSFERS

ACCOUNTING CODES	AMOUNT
7010101929 (IPSC)	

TRANSMITTED BY
NAME:
OFFICE:
DATE:

REMARKS:
CC:

FILE

Requesting Agency Indicator
1 = USDA
2 = Other Federal Agency
3 = Non-Federal

Cris/Log #
Accession #

ARS Form 324 (SAA Version 01/96)

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