



Animal and Plant Health Inspection Service (APHIS)

Enclose a copy of this bill with your check or money order made payable to "U.S. Department of Agriculture." Do not send cash. Please include the bill number and customer number on your check.

CUSTOMER NUMBER: 3224510
BILL NUMBER: 3003687508
P.O. NUMBER:
BILL DATE: 01/04/2021
SALES ORDER NUMBER: 6100026485

TO:

STATE OF IDAHO
IDAHO WOLF DEPREDATION CONTROL BOAR
PO BOX 7249
BOISE, ID 83707-0000

Due Date: 02/03/2021
AMOUNT ENCLOSED:
\$

Please send all correspondence, inquiries, and changes to:

ABSHELPLINE@USDA.GOV

MAIL PAYMENT TO:
USDA, APHIS, General
PO Box 979043
St Louis MO 63197-9000

PRINCIPAL: \$ 2,450.00
INTEREST: \$ 0.00
PENALTY: \$ 0.00
ADMINISTRATIVE COSTS: \$ 0.00
CURRENT CHARGES: \$ 2,450.00
ADVANCE APPLIED: \$ 0.00

Amount Due: \$ 2,450.00

Failure to make payment by the due date will result in the assessment of late payment charges (interest, penalty charges, and/or administrative costs) in accordance with your contract, permit or the debt collection act of 1982, as amended. Postmarks are not honored. Late fees do not apply for billings in advance of receipt of goods or services.

Current charges on this invoice include unbilled activity through 12/31/2020.

Description	Current Charges
Fixed Rate	2,450.00
Total Charges	2,450.00

BILLING INFORMATION

LOCATION: IDAHO
SPECIES MANAGED: WOLF
POC:
POP: 7/1/20 - 6/30/21

BILLING RIGHTS SUMMARY IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL

If you need more information about a transaction on your bill, email us at the customer service address shown on your bill. We must hear from you no later than 60 days from the bill date on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter provide the following information:

- Your name and billing document number,
- The dollar amount and date of the suspected error
- A description of the problem or error.

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

PAYMENTS

Payments can be made via check, money order or credit card. A copy of your bill or the billing document number located on the front of the bill should be included. Omission of this data may cause delay of posting and/or misapplying of payment(s) to your bill.

To make a credit card or ACH payment, please go to www.pay.gov

If you have problems processing the transaction, please call 1-877-777-2128.

Payments made by Federal government agencies should be made via the Intra-governmental Payment and Collections System (IPAC) to the applicable agency ALC. The billing document number is required to successfully post all payments.

APHIS ALC 12403400 AMS ALC 12250001
FAS ALC 12401000

CUSTOMER SERVICE

TOLL FREE: 877-777-2128
COMMERCIAL: 612-336-3400
E-MAIL: ABSHELPLINE@USDA.GOV

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.

Payments not received by the due date are subject to late payment charges in accordance with Treasury guidelines. Administrative charges may be assessed and an additional 6.00 % per annum penalty will be charged for payments more than 90 days past due.

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES**

**AIRCRAFT MAINTENANCE FLAT RATE (AMFR)
INVOICE**

1. INTERNAL OFFICE INVOICE NUMBER
FLAT-21-ID-001

FOR FMD USE ONLY

FMMI DOCUMENT NUMBER	
FMD APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. REQUESTING OFFICE
Idaho Wildlife Services

3. ACCOUNT INFORMATION (of the AMFR associated with the CSA. The office managing the CSA completes items 3a-f.)

a. BDPD 20XX	b. FUND CENTER APWSWR1616	c. WBS AP.FO.FR 16.73.0030	d. I INFNUMFR 20
e. SALES ORDER NUMBER 6100026485		f. CUSTOMER NAME State of Idaho Wolf Depredation Control Board	

4. RECEIVING ORGANIZATION (aircraft's home State)

a. STATE Idaho	b. FUND CENTER APWSWR1616	c. WBS AP.FE.FR16.73
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5. AERIAL OPERATIONS INFORMATION

ITEM	a. TYPE OF AERIAL WORK PERFORMED	b. DATES	c. TAIL NUMBER	d. NUMBER OF HOURS	e. AIRCRAFT TYPE	f. HOURLY RATE	g. TOTAL
1.	Predator Control	11/09/2020 - 11/20/2020	██████████	7.00	H	\$ 350.00	\$ 2,450.00
2.							\$ 0.00
3.							\$ 0.00
4.							\$ 0.00
5.							\$ 0.00
6.							\$ 0.00
7.							\$ 0.00
8.							\$ 0.00
9.							\$ 0.00
6. TOTAL HOURS				7.00	7. TOTAL AMOUNT		\$ 2,450.00

8. COMMENTS
CURRENT RATES: \$350 PER HOUR FOR HELICOPTERS AND \$101 PER HOUR FOR FIXED WING CRAFT
These invoices are for wolf depredation control helicopter flights in Idaho.

16. IF AMFR IS CHARGED TO A CSA ACCOUNT NOT IN THE AIRCRAFT'S HOME OFFICE, ITEMS 16a-f ARE TO BE COMPLETED BY THE CSA MANAGING OFFICE.

9. REQUESTED BY ██████████	10. TELEPHONE NUMBER ██████████	a. CSA ACCOUNT CODE OFFICE AND ADDRESS
11. EMAIL ADDRESS ██████████		b. CONTACT NAME
12. ADDRESS 9134 W Blackeagle Drive Boise, ID 83709		c. TITLE
		d. TELEPHONE NUMBER
13. SIGNATURE OF APPROVING WS OFFICIAL (or authorized representative) JARED HEDELIUS Digitally signed by JARED HEDELIUS Date: 2020.12.16 08:07:27 -07'00'	14. DATE	e. SIGNATURE OF APPROVING OFFICIAL, CSA OFFICE
15. NAME AND TITLE OF APPROVING WS OFFICIAL (or authorized representative) Jared Hedelius, Acting State Director		f. EMAIL ADDRESS Jared.L.Hedelius@usda.gov

NAME AND ADDRESS OF COMPANY

State of Idaho
WOLF Depredation
Control Board

VENDOR/SUPPLIER IDENTIFICATION NO.

AIRCRAFT MAKE AND MODEL
Helicopter

AIRCRAFT BASE (City and State)

CONTRACT/P.O. NUMBER

AIRCRAFT FAA REGISTRATION NUMBER (Tail Number)

COST PER HOUR
\$ 350 -

ITEM NO.

INVOICE NUMBER
1D-001

AIRCRAFT USE REPORT - INVOICE

LINE NO.	DATE		START TIME	STOP TIME	ELAPSED TIME	COST (Item 13 x Item 8)	LOCATION	OPTIONAL INFORMATION	SIGNED RECEIVED/GUNNER
	M	D Y							
1.	11	9 20	510.8	512.2	1 4	\$ 490 -			
2.	11	12 20	512.2	514.3	2 1	\$ 735 -			
3.	11	20 20	514.3	517.8	3 5	\$ 1225 -			
4.	.	.							
5.	.	.							
6.	.	.							
7.	.	.							
8.	.	.							
9.	.	.							
10.	.	.							
11.	.	.							
12.	.	.							
TOTALS (Lines 1 through 12)						7 0	\$ 2450 -		

REMARKS (Other charges, credits, etc. If more space is needed, attach additional sheet)

WOLF Related Flights

I certify that the above record of services is correct and no payment has been received.

I certify that the above services were received and payment is authorized in the amount of \$ 2450 -

SIGNATURE OF CONTRACTOR/AGENT

SIGNATURE OF APHIS OFFICER
Donna L. Ralston

DATE

12/16/20

ACCOUNTING CODE

LOCATION (City and State)
Boise, ID

NAME AND TITLE (Print)

NAME AND TITLE (Print)
Donna L. Ralston, Budget Analyst