

**ACCELERATED PSEUDORABIES ERADICATION PROGRAM
SUPPLEMENTAL INDEMNITY
PAYMENTS WORKSHEET**

Name and Address of Owner or <u>Payee</u>	Date Claim <u>Signed</u>	Indemnity Allowance Under <u>Block 2</u>	Indemnity Paid Under <u>Block 3</u>	Difference-- Supplemental Indemnity <u>Owed</u>
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APPROVED FOR PAYMENT
Signature of AVIC

Date