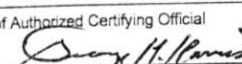


**FINANCIAL STATUS REPORT**

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA APHIS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 07-9730-1742-CA		OMB Approval No. 0348-0039	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Montana Department of Livestock 301 Roberts, PO Box 202001, Helena, MT 59620-2001					
4. Employer Identification Number 81-0302402		5. Recipient Account Number or Identifying Number 752 9730 807		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 1/1/2007		To: (Month, Day, Year) 12/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007	
To: (Month, Day, Year) 12/31/2007					
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		15,322.37	1,822.61	17,144.98	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		15,322.37	1,822.61	17,144.98	
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)		15,322.37	1,822.61	17,144.98	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				17,144.98	
o. Total Federal funds authorized for this funding period				44,000.00	
p. Unobligated balance of Federal funds (Line o minus line n)				26,855.02	
<b>Program income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title George Harris, Administrator of Central Services				Telephone (Area code, number and extension) (406) 444-4994	
Signature of Authorized Certifying Official 				Date Report Submitted August 12, 2008	

# 56030 Department of Livestock Expenditure Summary by Org, Account

Data Selected for Month/FY: 04 (Oct)/2008 through 06 (Dec)/2008

Business Unit	(All)
Program Year	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
OBPP Program	(All)
Fund	(All)
Fund Type	(All)
Account Type	(All)
Project	(All)
Ledger	(All)

[Refresh](#)

[Return to Menu](#)

Org	Acct Lvl 1	Acct Lvl 2	Account	Amount
41707	FFY07	FAD		<b>1,822.61</b>
	<b>61000</b>	<b>Personal Services</b>		<b>980.48</b>
		<b>61100</b>	<b>Salaries</b>	<b>771.02</b>
			61101 Regular	710.88
			61103 Sick Leave	9.50
			61105 Holiday	25.32
			61158 Compensatory Time Taken	25.32
		<b>61400</b>	<b>Employee Benefits</b>	<b>209.46</b>
			61401 FICA	59.03
			61402 Retirement - Other	54.24
			61403 Group Insurance	78.33
			61404 Workers Compensation Insur	15.16
			61410 State Unemployment Tax	2.70
	<b>62000</b>	<b>Operating Expenses</b>		<b>842.13</b>
		<b>62100</b>	<b>Other Services</b>	<b>609.50</b>
			62113 Warrant Writing Services	9.50
			62186 Waste Disposal	600.00
		<b>62400</b>	<b>Travel</b>	<b>144.88</b>
			62408 In-State Lodging	144.88
		<b>62800</b>	<b>Other Expenses</b>	<b>87.75</b>
			62889 Agency Indirect Cost	87.75
<b>Grand Total</b>				<b>1,822.61</b>



# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **1** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes  
 ADVANCE     REIMBURSEMENT

b. "X" the applicable box  
 FINAL     PARTIAL

2. BASIS OF REQUEST

CASH  
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

**USDA APHIS**

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

**07-9730-1742**

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

**4**

6. EMPLOYER IDENTIFICATION NUMBER

**81-0302402**

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

**752 9730 807**

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **01/01/2007** TO (month, day, year) **12/31/2007**

9. RECIPIENT ORGANIZATION

Name: **Montana Department of Livestock**

Number and Street: **301 Roberts, PO Box 202001**

City, State and ZIP Code: **Helena, MT 59620-2001**

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Number and Street:

City, State and ZIP Code:

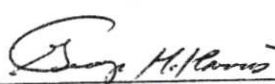
## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) 01/01/07 - 6/30/07	(b) 09/30/2007	(c) 12/31/2007	TOTAL
a. Total program outlays to date (As of date)	\$ 7,014.73	\$ 2,874.78	\$ 1,822.61	\$ 11,712.12
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	7,014.73	2,874.78	1,822.61	11,712.12
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	7,014.73	2,874.78	1,822.61	11,712.12
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	7,014.73	2,874.78	1,822.61	11,712.12
h. Federal payments previously requested	7,014.73	2,874.78	0.00	9,889.51
i. Federal share now requested (Line g minus line h)	0.00	0.00	1,822.61	1,822.61
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

### CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL  TYPED OR PRINTED NAME AND TITLE George Harris, Administrator of Central Services	DATE REQUEST SUBMITTED August 12, 2008  TELEPHONE (AREA CODE, NUMBER, EXTENSION) (406) 444-4994
--	---	---

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

### INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<u>Item</u>	<u>Entry</u>
-------------	--------------

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

<u>Item</u>	<u>Entry</u>
-------------	--------------

- activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.



**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow Instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted  USDA APHIS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  07-9730-0124-CA		OMB Approval No.  0348-0039	Page  1	of  1
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Montana, Department of Livestock</b> P. O. Box 202001, 303 Roberts Helena, MT 59620-2001						
4. Employer Identification Number <b>81-0302402</b>		5. Recipient Account Number or Identifying Number <b>752 9730 800</b>		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2007</b>		9. Period Covered by This Report From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>12/31/2006</b>
10. Transactions:				I	II	III
				PREVIOUSLY REPORTED	THIS PERIOD	CUMULATIVE
a. Total outlays				0.00	55,765.52	55,765.52
b. Refunds, rebates, etc.				0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative				0.00	0.00	0.00
d. Net outlays (line a, less the sum of lines b and c)				0.00	55,765.52	55,765.52
<b>Recipient's share of net outlays, consisting of:</b>						
e. Third party (in-kind) contributions				0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award				0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative				0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g				0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f g and h)				0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)				0.00	55,765.52	55,765.52
k. Total unliquidated obligations						0.00
l. Recipient's share of unliquidated obligations						0.00
m. Federal share of unliquidated obligations						0.00
n. Total federal share (sum of lines j and m)						55,765.52
o. Total federal funds authorized for this funding period						660,000.00
p. Unobligated balance of federal funds (line o minus line n)						604,234.48
<b>Program income consisting of:</b>						
q. Disbursed program income shown on lines c and/or g above						0.00
r. Disbursed program income using the addition alternative						0.00
s. Undisbursed program income						0.00
t. Total program income realized (sum of lines q, r and s)						0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate		c. Base		d. Total Amount	e. Federal Share
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>						
Typed or Printed Name and Title <b>Janet Nick, Accountant</b>				Telephone (Area code, number and extension) <b>(406) 444-4993</b>		
Signature of Authorized Certifying Official					Date Report Submitted <b>9/26/2007</b>	

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow Instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted  USDA APHIS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  07-9730-0124-CA		OMB Approval No.  0348-0039	Page of  1 1
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Montana, Department of Livestock</b> P. O. Box 202001, 303 Roberts Helena, MT 59620-2001					
4. Employer Identification Number  81-0302402	5. Recipient Account Number or Identifying Number  752 9730 800	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>	To: (Month, Day, Year) <b>9/30/2007</b>	9. Period Covered by This Report From: (Month, Day, Year) <b>1/1/2007</b>		To: (Month, Day, Year) <b>3/31/2007</b>	
10. Transactions:			I	II	III
			PREVIOUSLY REPORTED	THIS PERIOD	CUMULATIVE
a. Total outlays			55,765.52	82,643.31	138,408.83
b. Refunds, rebates, etc.			0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative			0.00	0.00	0.00
d. Net outlays (line a, less the sum of lines b and c)			55,765.52	82,643.31	138,408.83
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions			0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award			0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g			0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f g and h)			0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)			55,765.52	82,643.31	138,408.83
k. Total unliquidated obligations					0.00
l. Recipient's share of unliquidated obligations					0.00
m. Federal share of unliquidated obligations					0.00
n. Total federal share (sum of lines j and m)					138,408.83
o. Total federal funds authorized for this funding period					660,000.00
p. Unobligated balance of federal funds (line o minus line n)					521,591.17
<b>Program income consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					0.00
r. Disbursed program income using the addition alternative					0.00
s. Undisbursed program income					0.00
t. Total program income realized (sum of lines q, r and s)					0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>					
Typed or Printed Name and Title <b>Janet Nick, Accountant</b>			Telephone (Area code, number and extension) <b>(406) 444-4993</b>		
Signature of Authorized Certifying Official				Date Report Submitted  <b>9/26/2007</b>	



**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow Instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>USDA APHIS</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>07-9730-0124-CA</b>		OMB Approval No. <b>0348-0039</b>	Page <b>1</b>	of <b>1</b>
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Montana, Department of Livestock</b> P. O. Box 202001, 303 Roberts Helena, MT 59620-2001						
4. Employer Identification Number <b>81-0302402</b>		5. Recipient Account Number or Identifying Number <b>752 9730 800</b>		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2007</b>		9. Period Covered by This Report From: (Month, Day, Year) <b>4/1/2007</b>		To: (Month, Day, Year) <b>6/30/2007</b>
10. Transactions:						
		I	II	III		
		PREVIOUSLY REPORTED	THIS PERIOD	CUMULATIVE		
a. Total outlays		138,408.83	223,163.10	361,571.93		
b. Refunds, rebates, etc.		0.00	0.00	0.00		
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00		
d. Net outlays (line a, less the sum of lines b and c)		138,408.83	223,163.10	361,571.93		
<b>Recipient's share of net outlays, consisting of:</b>						
e. Third party (in-kind) contributions		0.00	0.00	0.00		
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00		
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00		
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00		
i. Total recipient share of net outlays (Sum of lines e, f g and h)		0.00	0.00	0.00		
j. Federal share of net outlays (line d less line i)		138,408.83	223,163.10	361,571.93		
k. Total unliquidated obligations				0.00		
l. Recipient's share of unliquidated obligations				0.00		
m. Federal share of unliquidated obligations				0.00		
n. Total federal share (sum of lines j and m)				361,571.93		
o. Total federal funds authorized for this funding period				660,000.00		
p. Unobligated balance of federal funds (line o minus line n)				298,428.07		
<b>Program income consisting of:</b>						
q. Disbursed program income shown on lines c and/or g above				0.00		
r. Disbursed program income using the addition alternative				0.00		
s. Undisbursed program income				0.00		
t. Total program income realized (sum of lines q, r and s)				0.00		
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>						
Typed or Printed Name and Title <b>Janet Nick, Accountant</b>			Telephone (Area code, number and extension) <b>(406) 444-4993</b>			
Signature of Authorized Certifying Official					Date Report Submitted <b>9/26/2007</b>	

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow Instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted USDA APHIS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 07-9730-0124-CA		OMB Approval No. 0348-0039	Page of 1 1
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Montana, Department of Livestock</b> P. O. Box 202001, 303 Roberts Helena, MT 59620-2001					
4. Employer Identification Number 81-0302402	5. Recipient Account Number or Identifying Number 752 9730 800	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2006	To: (Month, Day, Year) 9/30/2007	9. Period Covered by This Report From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 9/30/2007	
10. Transactions:		I	II	III	
		PREVIOUSLY REPORTED	THIS PERIOD	CUMULATIVE	
a. Total outlays		361,571.93	174,596.60	536,168.53	
b. Refunds, rebates, etc.		0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d. Net outlays (line a, less the sum of lines b and c)		361,571.93	174,596.60	536,168.53	
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions		0.00	0.00	0.00	
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00	
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00	
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00	
i. Total recipient share of net outlays (Sum of lines e, f g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)		361,571.93	174,596.60	536,168.53	
k. Total unliquidated obligations				0.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				0.00	
n. Total federal share (sum of lines j and m)				536,168.53	
o. Total federal funds authorized for this funding period				660,000.00	
p. Unobligated balance of federal funds (line o minus line n)				123,831.47	
<b>Program income consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (sum of lines q, r and s)				0.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Janet Nick, Accountant</b>			Telephone (Area code, number and extension) (406) 444-4993		
Signature of Authorized Certifying Official				Date Report Submitted <b>2/1/2008</b>	



# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and Budget,  
No. 80-RO183

Page 1 OF 1  
Pages

1. TYPE OF PAYMENT REQUESTED  a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT  b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL
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3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  USDA WESTERN REGION	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  07-9730-0124-CA	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  2
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6. EMPLOYER IDENTIFICATION NUMBER  81-0302402	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  752 9730 800	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year)      TO (month, day, year)  7/01/07      09/30/07	
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9. RECIPIENT ORGANIZATION Name : Montana Dept. of Livestock Number and Street : 301 N. Roberts P.O. Box 202001 City, State and ZIP Code : Helena, MT 59620-2001	10. PAYEE (Where check is to be sent is different than item 9) Name : Same as #9 Number and Street : City, State and ZIP Code :
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11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
(As of date)				
a. Total program outlays to date 9/30/07	\$536,168.53	\$	\$	\$536,168.53
b. Less: Cumulative program income	-0-			-0-
c. Net program outlays (Line a minus line b)	\$536,168.53			\$536,168.53
d. Estimated net cash outlays for advance period	\$0			\$0
e. Total (Sum of lines c & d)	\$536,168.53			\$536,168.53
f. Non-Federal share of amount on line e	\$-0-			\$-0-
g. Federal share of amount on line e	\$536,168.53			\$536,168.53
h. Federal payments previously requested	\$361,571.93			\$361,571.93
i. Federal share now requested (Line g minus line h)	\$174,596.60			\$174,596.60

j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1 <sup>st</sup> month	\$-0-			\$-0-
	2 <sup>nd</sup> month	\$-0-			\$-0-
	3 <sup>rd</sup> month	\$0			\$0

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$0
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0
c. Amount requested (Line a minus line b)	\$0

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE Janet Nick, Accountant Centralized Services	1/23/08

This space for agency use

BISON OPERATIONS  
4TH QUARTER

Account	DESCRIPTION	Total
61101	REGULAR WAGES	21,535.49
61102	OVERTIME WAGES	
61103	SICKLEAVE WAGES	71.22
61104	VACATION WAGES	4,471.22
61105	HOLIDAY WAGES	840.61
61133	TERMINATION PAY-SICK LEAVE	12.86
61134	TERMINATION PAY-VACATION	58.81
61138	TERMINATION PAY-HOLIDAY	
61158	COMPENSATORY TIME TAKEN	6,097.59
61401	FICA	2,467.77
61402	RETIREMENT	2,618.67
61403	GROUP INSURANCE	4,716.21
61404	WORKERS COMPENSATION INS	752.79
61404A	STATE FUND DIVIDEND	
61410	STATE UNEMPLOYMENT TAX	115.92
62102	CONSULT & PROF SERVICES	57,766.60
62104	INSURANCE AND BONDS	742.00
62106	LABORATORY TESTING	441.00
62113	WARRANT WRITING SERVIES	21.35
62128	NEWSPAPER CLIPPING SERVICE	346.85
62143	SECURITY PROTECTION	5,620.00
62167	BISON MEAT PACKING PLANTS	
62186	WASTE DISPOSAL	11.35
62191	PRINTING/PUB & GRAPHICS	
62203	CLOTHING	293.56
62208	LABORATORY EQUIP & SUPPLIES	
62210	MINOR TOOOLS, INSTRUM & EQUIP	15,992.71
62216	GASOLINE	4,275.05
62221	AMMUNITION	
62241	OFFICE SUP/MINOR EQUIP-NON STATE VENDOR	
62285	HAY	780.00
62304	POSTAGE & MAILING	200.00
62319	CELLULAR PHONES	840.97
62371	TELEPHONE EQUIP CHRGR-NON D of A	297.97
62374	INTERNET SERVICES/NON DofA	54.00
62386	LONG DISTANCE CHRGR/NON DofA	90.04



62387	CREDIT CARD CALLS	0.73
62401	IN-STATE PERSONAL CAR MILEAGE	96.35
62407	IN-STATE MEALS	58.00
62408	IN-STATE LODGEING	377.78
62410	IN-STATE MEALS OVERNIGHT	796.00
62418	OUT OF STATE LODGING	
62421	HORSE TRAILER MILEAGE	119.50
62512	STORAGE	
62513	HEAVY EQUIP-SKID MOUNTED TRAILER RENTA	270.00
62517	LEASED EQUIPMENT	
62529	RENT-NON DofA	
62601	ELECTRICITY	
62607	PROPANE	
62706	VEHICLES-PASSENGER-REPAIR	330.74
62707	VEHICLES-OTHER THAN PASSENGER-REPAIR	29.17
62713	LABORATORY EQUIP REPAIR	225.00
62726	GREASE & LUBE	128.93
62727	TIRES & TUBES	
62755	SNOW REMOVAL	
62822	FREIGHT & EXPRESS	9.52
62823	LICENSES	12.00
62853	PUBLIC RELATIONS	
62888	STATEWIDE INDIRECT COSTS	
62889	AGENCY INDIRECT COST	19,435.00
63103	AUTOS & TRUCKS	21,175.27

Grand Total

#REF!





CUMULATIVE

REPORT PERIOD FINAL AS OF 1/23/08

TERM OF CONTRACT-OCT 1,2006 THRU SEPT 30,2007

	PAYROLL 1100	PAYROLL BENEFITS 1400	PROFF SERVICES 2100	SUPPLIES & MATERIALS 2200	COMMUNI CATION 2300	TRAVEL 2400	RENTALS 2500	UTILITIES 2600	REPAIR & MAINT 2700	DUES, FRT OTHER 2800	ASSETS 3000	TOTAL
ACTUALS FOR SFY07 OCT THRU JUNE	105,371.50	35,038.24	69,005.91	20,897.11	4,700.59	12,144.53	59,040.03	457.30	8,102.88	46,813.84	0.00	361,571.93
ACTUALS FOR SFY08 JULY THRU SEP	33,087.80	10,671.36	64,949.15	21,341.32	1,483.71	1,447.63	270.00	0.00	713.84	19,456.52	21,175.27	174,596.60
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXP NOT ON SABHRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES	138,459.30	45,709.60	133,955.06	42,238.43	6,184.30	13,592.16	59,310.03	457.30	8,816.72	66,270.36	21,175.27	536,168.53
ANNUAL WORKPLAN BUDGET	241,963.00		104,037.00	50,000.00	10,000.00	20,000.00	30,000.00	2,000.00	15,000.00	147,000.00	40,000.00	660,000.00
% SPENT	76.11%		128.76%	84.48%	61.84%	67.96%	197.70%	22.87%	58.78%	45.08%	52.94%	81.24%

CONTRACT	EXPENDITURES POSTED ON SABHRS	BALANCE OF APPROP REMAINING	% CONTRACT SPENT	% YEAR SPENT
SFY07	\$495,000.00	\$361,571.93	81.24%	0.00%
SFY08	\$165,000.00	\$174,596.60		
TOTAL	\$660,000.00	\$536,168.53		

FISCAL NOTE

62100-OVERAGE DUE TO EXTRA CONTRACT FOR TOM DOUBERT -PUBLIC INFORMATION REPRESENTATIVE  
62500-OVERAGE DUE TO CENTRAL HELICOPTER USAGE

361,571.93 IN CASH HAS BEEN REQUESTED, BUT NOT RECEIVED

BISON FFY07 40207

QUARTER

REPORT PERIOD: JULY 1, 2007 THROUGH SEPTEMBER 9/30/07

TERM OF CONTRACT-OCT 1,2006 THRU SEPT 30,2007

	PAYROLL 1100	PAYROLL BENEFITS 1400	PROFF SERVICES 2100	SUPPLIES & MATERIALS 2200	COMMUNI CATION 2300	TRAVEL 2400	RENTALS 2500	UTILITIES 2600	REPAIR & MAINT 2700	DUES, FRT OTHER 2800	ASSETS 3000	TOTAL
ACTUALS FOR SFY07 OCT THRU JUNE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ACTUALS FOR SFY07 JULY THRU SEP	33087.80	10671.36	64949.15	21341.32	1483.71	1447.63	270.00	0.00	713.84	19456.52	21175.27	174,596.60
EXP NOT ON SABHRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL EXPENDITURES	33087.80	10671.36	64949.15	21341.32	1483.71	1447.63	270.00	0.00	713.84	19456.52	21175.27	174,596.60
<b>QUARTERLY BUDGET</b>	60,490.75		26,009.25	12,500.00	2,500.00	5,000.00	7,500.00	500.00	3,750.00	36,750.00	10,000.00	165,000.00
<b>% spent</b>	72.34%		249.72%	170.73%	59.35%	28.95%	3.60%	0.00%	19.04%	52.94%	-211.75%	105.82%
<b>ANNUAL WORKPLAN BUDGET</b>	241,963.00		104,037.00	50,000.00	10,000.00	20,000.00	30,000.00	2,000.00	15,000.00	147,000.00	40,000.00	660,000.00
<b>% spent</b>	76.11%		128.76%	84.48%	61.84%	67.96%	197.70%	22.87%	58.78%	45.08%	52.94%	81.24%

CONTRACT -	APPROP	EXPENDITURES POSTED ON SABHRS	BALANCE OF APPROP REMAINING	% CONTRACT SPENT-QTRLY	% YEAR SPENT
\$660,000					
SFY07					
SFY08	165,000.00	\$174,596.60		105.82%	0.00%
TOTAL	\$165,000.00	\$174,596.60	(\$9,596.60)		

FISCAL NOTE  
62100-OVERAGE DUE TO LARGE FWP MOU PAYMENT