

NIPM 7.4 – Nursery Stock Nematode Certification Report/Billing Form

STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 NURSERY SERVICES PROGRAM
 64-086 (Rev. 06/24)



NURSERY STOCK NEMATODE CERTIFICATION REPORT/BILLING FORM

COUNTY	MONTH/YEAR	AGREEMENT #
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A. SOIL TREATMENT SUPERVISION							
NURSERY	DATE	SITE #	ACRES / UNITS	HOURS	TRAVEL TIME	TOTAL HOURS	COST

B. NEMATODE SAMPLE COLLECTION								
NURSERY	DATE	SITE #	ACRES / UNITS	# SAMPLES	HOURS	TRAVEL TIME	TOTAL HOURS	COST

C. COMMODITY TREATMENT SUPERVISION							
NURSERY	DATE	CROP	UNITS TREATED	HOURS	TRAVEL TIME	TOTAL HOURS	COST

D. NEMATODE SAMPLE PROCESSING						
NURSERY	DATE	SITE #	# SAMPLES	TOTAL HOURS	COST	

INVOICE NUMBER	INVOICED AMOUNT	COST
	A. Soil Treatment Supervision	
	B. Nematode Sample collection	
	C. Commodity Treatment Supervision	
	D. Nematode Sample Processing	
	GRAND TOTAL	

INSTRUCTIONS FOR FORM 64-086 (Rev. 06/24)
NURSERY STOCK NEMATODE CERTIFICATION REPORT/BILLING FORM

The purpose of this form is to provide the County Agricultural Commissioners with a standardized format that may be used as an invoice to bill CDFA for work performed in this program. Information provided on this form will be used by CDFA to bill the nurseries. Submit this form monthly, even when there has been no activity in the program.

For each nursery, list each site where the services were provided. If necessary, use additional sheets. When treatment supervision or sample collection is done at more than one site per trip, divide your travel time as appropriate per site. Please record your hours to the nearest quarter hour.

Heading Fill in the name of the County where the services were performed.
Enter the Month and Year when the work was performed.
Enter the contract number if you have a contract

Sections A-B Soil Treatment Supervision and Nematode Sample Collection

Complete all columns in the appropriate section as indicated below:

- Nursery:** Enter nursery name.
- Date:** Enter the date when activity was performed.
- Site #:** Enter the number or ID of the site assigned by the grower or county (must correspond with locations/site number(s) entered on Form 64-054).
- Acres/Units:** Enter the number of acres, square feet or units treated.
- Hours:** Number of hours spent on treatment supervision or sample collection
- Travel Time:** Amount of time spent traveling to and from the site (round trip).
- Total Hours:** Sum of hours spent on supervision/collection and travel time.
- Cost:** The cost of supervision/collection for each site.

Section C Commodity Treatment Supervision

This section should be used to record supervision of commodity treatments on grapevines. Follow the directions above for each column.

Section D Nematode Sample Processing

Those counties doing laboratory processing of nematode samples at their county facility should fill in this section. The cost for processing is \$20 per sample. Enter the number of samples processed and your cost for each site. The nursery will be billed an additional \$20 per sample by CDFA for identification.

Invoice Number/Invoiced Amount

Enter the invoice number (assigned by the county) in the large block provided.
Enter the costs from each of the above sections (A-D) to arrive at the grand total.

Submit the form to: **Department of Food and Agriculture**
 Pest Exclusion/Nursery Services Program
 1220 N Street, Room 241
 Sacramento, CA 95814