INDIANA STATE EGG BOARD  
Department of Egg Inspection  
Purdue University  
Poultry Science Building  
125 S Russell Street  
West Lafayette IN  47907-2042

Phone: 765-494-8510  
Fax: 765-494-6349

QUARTERLY INSPECTION FEE REPORT/ SHELL EGG CASE VOLUME

January – March: Due April 31, delinquent fee after May 10  
April – June: Due July 30, delinquent fee after August 10  
July – September: Due October 31, delinquent fee after November 10  
October – December: Due January 31, delinquent fee after February 10  

DELINQUENT FEE: The greater of either $20 or 10% of the amount due

ACCOUNT NAME___________________________________ AUDIT #_____________
ADDRESS:_________________________________________
_________________________________________

Month ________   Cases__________ (30 dozen each)
Month ________   Cases__________ (30 dozen each)
Month ________   Cases__________ (30 dozen each)

*TOTAL CASES ______________

TOTAL CASES x $.11 per 30 dozen case = PAYMENT DUE $___________
Plus Delinquent Fee $___________
TOTAL DUE: $___________

Report and payment are to be received in the Indiana State Egg Board office by the due date. Any report and/or payment received after the 10 day grace period will be subject to the delinquent fee - the greater of either $20 or 10% of the amount due.

*Total cases (30 dozen each) sold in Indiana to: retailers, hotels, restaurants, hospitals, nursing homes, schools, or to state or federal institutions, or operators of multiple unit outlets engaged in the distribution of eggs to their own retail units on which fees are due for this period.

STATE OF ____________________ COUNTY OF ___________________

I, ________________________________, for and in behalf of ___________________________ (Contact Person) (Company)
do hereby declare under the penalties of perjury that I have examined our records and to the best of my knowledge and belief the foregoing is a full and correct report of the egg volume on all shell eggs distributed in the State of Indiana for the above quarterly period.

__________________________________    _________________
Signature (required by law)   Date

CHECK PAYABLE TO: INDIANA STATE EGG BOARD. A copy of this form must accompany the check.