

Farm Contracts/CRP Payments Submission Worksheet

CCFC/Referral Representative Information

Name _____ Date _____
Company _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Client Information

Name _____ Date _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____

Payments due to client as listed on Form CCC-478P

Year	Payment Amount
2004	_____
2005	_____
2006	_____
2007	_____
2008	_____

Client has elected to receive payments:

- September only
- September and December
- September and January

Attach copy of Form CCC-478P and/or Forms CRP-1 and CRP-2