This form is available electronically. http://fsaintranet.sc.egov.usda.gov/dam/ffasforms/currentforms.asp

AD-2088
(01-19-12)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency
Natural Resources Conservation Service
Rural Development

RECEIPT OF REQUEST FOR BENEFIT OR SERVICE OFFERED BY USDA

1. Fiscal Year

NOTE: FSA, NRCS, and RD must provide a current or prospective producer or landowner a receipt for service, if requested, at the time any service or benefit is requested. Original receipt is provided to requestor and a copy must be maintained by the issuing Agency.

2. Agency *(Check One)*:

☐ FSA ☐ NRCS ☐ RD

3. Office Name/Location

4A. Name of Requestor

4B. Address of Requestor *(Include Zip Code)*

5. Request Received *(Check One)*:

☐ In Person ☐ By Telephone ☐ By e-Mail

☐ By FAX ☐ By Mail

6. Date of Request *(MM-DD-YYYY)*

7. Summary of Benefit or Service Requested

8. Action Taken or Recommended

9. Additional Comments

10A. Employee Name

10B. Employee Signature

10C. Date *(MM-DD-YYYY)*

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RECEIPT OF REQUEST FOR BENEFIT OR SERVICE OFFERED BY USDA

INSTRUCTIONS FOR PREPARATION

Purpose: This form is used by FSA, NRCS, and RD to provide a customer a receipt for service, upon request, at the time any service or benefit is requested.	
Handbook Reference: DR 4370-002	**Number of Copies:** 2, Original and File Copy
Signatures Required: Employee	
Distribution of Copies: Original to requestor and a copy to be maintained by issuing Agency.	
Automation-Related Transactions: N/A	

Employees must complete all items.

Fld Name / Item No.	Instruction
1 Fiscal Year	Enter the Fiscal Year..
2 Agency	Check the appropriate Agency.
3 Office Name/Location	Enter the office name and address.
4A Name of Requestor	Enter the name of the person or entity requesting the service or benefit.
4B Address of Requestor	Enter the address of the person or entity requesting the service or benefit.
5 Request Received	Check the box corresponding to how the request was received.
6 Date of Request	Enter the date the request was received.
7 Summary of Benefits or Service Requested	Enter the summary description of the benefits or services requested, (i.e. Map requested, request to sign up for EQIP).
8 Action Taken or Recommended	Enter the summary description of the action taken or recommended by the employee, (i.e. Map provided, application taken).
9 Additional Comments	Enter additional comments pertinent to request.

Fld Name / Item No.	Instruction
10A Employee Name	Enter the name of employee who assisted the requestor.
10B Employee Signature	Signature of employee who assisted the requestor.
10C Date	Enter the date the "Receipt of Request for Benefit or Service Offered by USDA" was completed.