

HANDLER: _____

MONTH AND YEAR: _____

	<u>PRODUCER RECEIPTS</u> (Farm Weights and Tests)		<u>PLANT RECEIPTS</u> (Receiving Weights and Tests)		<u>SHRINKAGE</u>		
RECEIVING PLANT (Plant Name, City, State)	PRODUCT POUNDS	BUTTERFAT POUNDS	PRODUCT POUNDS	BUTTERFAT POUNDS	SKIM POUNDS	BUTTERFAT POUNDS	Req. Class*
TOTALS	0	0	0	0	0	0	

* - Requested class for diverted milk only.

I declare under the penalties provided by law, that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, and correct, and complete report. I also certify that I am authorized to sign this report.

Signed: _____
(Person Authorized to sign for Handler)

Date: _____

Title: _____

HANDLER:

MONTH

* Requested Class For Diverted Milk ONLY

**USDA, AMS, Dairy Program
Market Administrator
2763 Meadow Church Road, Suite 100, Duluth, GA 30097 770-682-
2501**

Receipts and Utilization

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