

**UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAMS**

MARKET ADMINISTRATOR
 Federal Order 6 - Florida Marketing Area
 Federal Order 7 - Southeast Marketing Area
 2763 Meadow Church Road, Suite 100, Duluth, GA 30097
 Telephone: 770-682-2501 Fax: 770-545-8850 Pool@fmmlanta.com
REPORT OF RECEIPTS AND UTILIZATION

This report is required by the order in accordance with 7 U.S.C. 608 c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14) (B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

HANDLER: _____

MONTH AND YEAR: _____

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

MONTH AND YEAR: _____

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

REPORT OF RECEIPTS AND UTILIZATION - 9(c) MILK
Supplemental Form

HANDLER: _____

MONTH _____

| RECEIVING PLANT <i>(Include City & State)</i> | PRODUCER RECEIPTS <i>(Farm Wts. & Tests)</i> | | PLANT RECEIPTS <i>(Receiving Wts. & Tests)</i> | | LOSS or <GAIN> <i>(Farm Wts minus Rec. Wts.)</i> | | REQ. CLS* |
|---|---|---------------------|---|---------------------|---|---------------------|--------------|
| | Product Pounds | Butterfat Pounds | Product Pounds | Butterfat Pounds | Product Pounds | Butterfat Pounds | |
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| TOTAL: | | | | | | | |
| <i>(Include on preprinted form)</i> | | | | | | | |

* Requested Class For Diverted Milk ONLY

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

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