

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	
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: _____

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

Receipts and Utilization

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