

PRODUCER-HANDLERS AND EXEMPT HANDLER REPORT OF RECEIPTS AND UTILIZATION

Handler: _____ Delivery Period: _____

Address: _____ Date: _____

RECEIPTS	Product Pounds	Test	Bfat Pounds
Own Farm Production			
Other Receipts (Specify)			
Opening Inventory - Packaged Fluid Milk			
Opening Inventory - Bulk Milk and Cream			
TOTAL RECEIPTS			

Class I Disposition *	Gallons	1/2 Gal	Quart	Pint	1/2 Pint	Total Gallons	Weight Factor	Product Pounds	Test	Bfat Pounds
Whole Milk							8.60			
Reduced Fat (2%)							8.62			
Lowfat (1%)							8.62			
Fat Free (Skim)							8.63			
Flavored Milk or Drink							8.00			
Drinkable Yogurt							8.00			
Buttermilk							8.60			
Egg Nog							8.00			
Raw Milk							8.60			

Disposition To Other Plants (Specify) _____
Ending Inventory Packaged Fluid Milk Products _____

Total Class I Disposition (* Exclude Products Consumed on Farm)

Class II Disposition	Product Pounds	Test	Bfat Pounds
Used to Produce: Pkg. Fluid Cream Products			
Used to Produce: Cottage Cheese, Sour Cream or Yogurt			
Used to Produce: Ice Cream, Milkshake or Frozen Desert Mixes			
Other			
Disposition To Other Plants (Specify)			
Total Class II Disposition			

Class III Disposition	Product Pounds	Test	Bfat Pounds
Used to Produce: Cream Cheese, Hard Cheese			
Other			
Disposition To Other Plants (Specify)			
Total Class III Disposition			

Class IV Disposition	Product Pounds	Test	Bfat Pounds
Used to Produce: Butter, or Dried Milk Products			
Disposed of as Animal Feed, Dumped, or Farm Consumption			
Disposition To Other Plants (Specify)			
Ending Inventory Bulk Milk and Bulk Cream			
Total Class IV Disposition			

TOTAL DISPOSITION			
Total Receipts			
Total Disposition			
Receipts Less Disposition - (Over) or Short			

This report is required by the order in accordance with 7 USC 608c and d. Failure to report can result in the assessment of a civil penalty of up to \$1000 per day (7 USC 608 c and (14)(B)) or upon conviction, in a fine of up to \$5000 per day (7USC 608c (14) (A)).

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, correct and complete report. I also certify that I am authorized to sign this report.

(Person Authorized to sign for Handler)

Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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