

**UNITED STATES DEPARTMENT of AGRICULTURE
 AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAMS
 MARKET ADMINISTRATOR
 Federal Orders 6 and 7**

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PAYMENTS MADE TO A COOPERATIVE ASSOCIATION
 Please submit a separate form for payment to each cooperative association.

COOPERATIVE ASSOCIATION: _____ MONTH: _____
 ADDRESS: _____ ORDER: _____

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. W& (14) (B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

Market Administrator Use Only

	Product Pounds	Butterfat Pounds
PRODUCER MILK - UNIFORM	_____	_____
	_____	_____
TOTAL PRODUCER MILK	_____	_____
OTHER SOURCE RECEIPTS	_____	_____
GRAND TOTAL	_____	_____

Cwt. Rate	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Product Pounds	Cwt. Rate	Check Number	Date Mailed	Amount
PAYMENTS	_____	_____	_____	_____	_____
First Advance	_____	_____	_____	_____	_____
Second Advance**	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

** If Applicable TOTAL PAYMENTS _____

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.

HANDLER _____

SIGNED _____
(Person Authorized to Sign for Handler)

DATE _____

TITLE _____