



HANDLER: \_\_\_\_\_

MONTH AND YEAR: \_\_\_\_\_

RECEIVING PLANT (Plant Name, City, State)	PRODUCER RECEIPTS (Farm Weights and Tests)		PLANT RECEIPTS (Receiving Weights and Tests)		SHRINKAGE		Req. Class*
	PRODUCT POUNDS	BUTTERFAT POUNDS	PRODUCT POUNDS	BUTTERFAT POUNDS	SKIM POUNDS	BUTTERFAT POUNDS	
<b>TOTALS</b>	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  
1550 North Brown Rd., Ste. 120, Lawrenceville, GA 30043  
770-682-2501**

**Receipts and Utilization**

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