

CALIFORNIA DESERT GRAPE ADMINISTRATIVE COMMITTEE

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END OF SEASON SHIPMENT REPORT

 Handler Address City, State, Zip

 Grower Address City, State, Zip

Reporting Period: _____ to _____
 Date First Shipment Date Last Shipment

Please list all grape shipments				Total Number of Lugs Shipped (Pounds)				
Invoice Number	Shipping Date	Variety Name	Destination City, State	11 lbs	16 lbs	18 lbs	20 lbs	24 lbs
Totals								

The undersigned declares under penalty of perjury that the foregoing is true and correct.

 Handler Name Handler Signature Date

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