

SALES/INVENTORY REPORT

Crop Year _____

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

Period End	Due
Aug. _____	Sept. 10
Nov. _____	Dec. 10
Feb. _____	Mar. 10
May _____	June 10
June _____	July 10

(Mark Period)

Reports are due the 10th day of the month following each reporting period by checking the appropriate month.

Handler: _____ Handler ID# _____
 Address: _____
 City, ST Zip: _____
 Telephone No.: _____

POST ALL ENTRIES IN UNITS, PLEASE

**For May Report
Only**

FORM of PRODUCT	UNITS	INVENT. B.O.Y	Y.T.D PACKED or BOUGHT	Y.T.D. SOLD	INVENT. E.O.Y.	JUNE SALES (Est.)	INV. EOY (Est.)
FROZEN							
5+1	30#						
IQF	40#						
Other (describe)							
Other (describe)							
WATERPACK	6/#10						
	24/#300						
Other (describe)							
PIEFILL	6/#10						
	12/#2						
Other (describe)							
DRIED	Pounds						
PUREE							
Concentrated (30° Brix)							
Single strength							
JUICE							
Concentrate (68° Brix)	Gallons						
Concentrate (0, 68° Brix)	Gallons						
Juice Stock	Pounds						
Juice Stock (0 RPE)	Pounds						
Single Strength							
OTHER (describe)							
TOTALS							

1. Indicate the volume and the source company for cherry products purchased from other Handlers.
2. Indicate the volume and recipient Handler of cherry products sold to other Handlers.

The undersign hereby certifies to the CIAB and the Secretary of Agriculture, USDA, that this is a true and correct statement of the sales activity of this Handler for the relevant period.

By: _____
 Title: _____
 Date: _____

(Please see other side for additional information)

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