

SALES/INVENTORY REPORT

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388

Tel: 517/669-1070 Fax: 517/669-1260

OMB # 0581-0177

Crop Year _____

Reports are due the 10th day of the month following each reporting period. Please place a check mark in the appropriate month.

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

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

(Mark Period)

PLEASE POST ALL ENTRIES IN UNITS

FORM of PRODUCT	UNITS	INVENT. B.O.Y	PACKED	UTILIZATION WITHIN INDUSTRY ¹		SALES OUTSIDE OF THE INDUSTRY	ENDING INVENT.	MAY REPORT ONLY	
				IH TRANS. + / -	REPACKS + / -			JUNE SALES (Est.)	INV. EOY (Est.)
FROZEN									
5+1	30#								
IQF	40#								
Drying Stock									
5 + 1	30#								
IQF	40#								
Other drying stock (describe)									
Other									
1. _____									
2. _____									
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°)	Gallons								
Juice Stock	Pounds								
Juice Stock (0 RPE)	Pounds								
Single Strength									
OTHER (describe)									
1. _____									
2. _____									
TOTALS									

1. Please provide additional information on the reverse side for IH-transfers and/or repacks.

The undersigned 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: _____

TRANSFERS OF PRODUCT BETWEEN HANDLERS – Please post any inter-handler transfers of products in which you were involved during the reporting period. If you are the receiving handler in this transaction, your entry should show an increase in the “IH Trans. +/-” for the item purchases. The seller in the transaction should show a decrease in their inventory for this item.

	Selling Handler	Receiving Handler	Form	Product Bought or sold Type	Units
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

REPACKS AND RE-MANUFACTURES – Please account for any remanufacturing of cherry products in which you were involved during the reporting period. The products you manufactured should be reflected as an increase to the “Repacks” as a positive figure when compared to your report from the prior period. The products from which you manufactured the new product should be reflected as a negative entry in the “Repacks” column

	FROM		INTO	
	Source Product	# of Units	End Product	# Units
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

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