UNITED STATES DEPARTMENT OF AGRICULTURE

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Agricultural Marketing Service - Dairy Programs MIDEAST MARKETING AREA

Federal Order No. 33

Form approved, OMB 0581-0032

This report is required by the order in accordance with 7 U.S.C. 608c 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. 608c(14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

PRODUCER HANDLER REPORT OF RECEIPTS AND UTILIZATION

	· 							Month and Year	
Plant	Location and Mailing A	ddress							
Line	1							Product Pounds	Butterfat
No.	O 5	RECEIPTS							Pounds
1	Own Farm Production (test) From Others:								
		show name & address of suppliers)							
2	(show name & address of suppliers) Name of Prod								
3									
4									
5									
6	TOTAL RECEIPTS FROM ALL SOURCES								
7	Opening Inventory								
8	TOTAL TO BE ACCOUNTED FOR (add lines 1 through 7)								
	Bottled Sales UTILIZATION						•	Product	Butterfat
	***************************************	Gallons	Half Gallons	Quarts	Pints	Half Pints	% Test	Pounds	Pounds
9	Whole Milk								
10	Flavored Milk					4			
11	2% Lowfat								
12	1% Lowfat			·					
13	Skim	***************************************							
14	Flavored Lowfat Milk		<u> </u>						
15	Buttermilk								
16 17	SUBTOTAL	/lines O three		L					
17	Substotal (lines 9 through 16) Sales to Plants: (indicate name & location of plant) Name of Product								
18	Name of Ploduct								
19									
20							······		
	Milk, Skim & Cream II	sed to Produ	ce.		*************************************	1			
21	Milk, Skim & Cream Used to Produce: Half & Half								
22	Whipping Cream								
23	Ice Cream Mix								
24	Animal Feed								
25	Dumped								
26	Other		***						
27	Ending Inventory								
28	TOTAL UTILIZATION (add lines 17 through 27)								
29	Overage (excess line 28 over line 8)								
30	Shrinkage	(excess line 8	over line 28)						
	I declare under the penalties	s provided by law		been examined b			ge and belief i	s a true, correct, and con	nplete report.
	Signature								
	Date	r, Partner or Officer)							

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