CIAB FORM #3

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 ___

Period End	Du	ıe
Nov	Dec.	10

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

Perioa Ena	Due					
Nov Feb May	_ Dec. 10 _ Mar. 10 June 10					
June	_ July 10					
(Mark Period)						

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

PLEASE POST ALL ENTRIES IN UNITS

	UTILIZATION WITHIN INDUSTRY ¹			MAY REPORT ONLY					
		INVENT.		IH TRANS.	REPACKS	SALES OUTSIDE OF	ENDING	JUNE SALES	INV. EOY
FORM of PRODUCT	UNITS	B.O.Y	PACKED	+ / -	+/-	THE INDUSTRY	INVENT.	(Est.)	(Est.)
FROZEN	30#	1			1	1			
5+1									
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	1 ounus	<u>:</u>	<u>:</u>		<u>:</u>	i	<u>:</u>		
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.

	•		·	Product Bought or sold		
	Selling Handler	Receiving Handler	Form	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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