CRANBERRY MARKETING COMMITTEE

219A Main Street

Wareham, MA 02571

Phone: (508) 291-1510

Fax: (508) 291-1511  **INTER-HANDLER TRANSFER REPORT**

**20\_\_\_ CROP YEAR**

**SEPTEMBER 1, 20\_\_\_ – DECEMBER 31, 20\_\_\_**

**Handler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form.

**SECTION A:** If there were no inter-handler transfers of cranberries made to other handlers during this reporting period, indicate as such by checking the box below.

**□ I hereby certify that no transfers were made to other handlers through inter-handler transfers during this reporting period.**

**Transfers Made To Other Handlers**

1. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

1. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

1. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

**SECTION B:** If cranberries were not received from other handlers through inter-handler transfers during this reporting period, indicate as such by checking the box below.

**□ I hereby certify that no cranberries were received from other handlers through inter-handler transfers during this reporting period.**

**Transfers Received from Other Handlers**

1. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

1. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

1. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_\_\_\_\_\_\_

Handler Name:

Address:

I hereby certify that the foregoing is a true and accurate representation regarding inter-handler transfers made or received during the reporting period.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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