

Weekly Raw Product Report

CIAB
FORM #1

Cherry Industry Administrative Board

Week Ending: _____
Final Report: _____

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

Report receipts of fruit starting with the first week of harvest and pack and continue until the harvest is completed. The reporting week ends on Saturday. The report is due in the CIAB office by close of business Eastern time on Monday following each week of harvest. Please indicate the completion of harvest for each district from which you receive cherries when you are done in the district and the Final Report when you have completed your harvest.

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

RAW PRODUCT RECEIVED By District of Production	WEEKLY PRODUCTION Total of Fruit Received	YEAR to DATE Total of Fruit Received	Harvest from District Completed
01 NW Michigan	_____	_____	<input type="checkbox"/>
02 WC Michigan	_____	_____	
03 SW Michigan	_____	_____	
04 New York	_____	_____	
05 Oregon	_____	_____	
06 Pennsylvania	_____	_____	
07 Utah	_____	_____	
08 Washington	_____	_____	
09 Wisconsin	_____	_____	
TOTAL RECEIPTS:	_____	_____	

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct report of product received by the Handler for the indicated period.

By: _____
Title: _____
Date: _____

(REV 2013)

(see other side for additional information)

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