

UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

DAIRY PROGRAM

Form Approved, OMB No. 0581-NEW

Address: XXX

XXX

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XXX FEDERAL MILK ORDER XXX

CALIFORNIA FMMO PRODUCER PAYROLL REPORT

Handler _____

Month's Production Results

Producer No. _____ Tank No. _____

Total Pounds of Milk _____

Producer Name _____

Pounds of Butterfat _____

Address _____

Pounds of Protein _____

City, State, Zip _____

Pounds of Other Solids _____

Organic

Average Butterfat Test _____

Average Protein Test _____

Average Other Solids Test _____

Month & Year _____

	<u>Rate</u>	<u>Value</u>
PPD/Skim Blend	\$	\$
Butterfat Price/Blend	\$	\$
Producer Protein Price	\$	\$
Other Solids Price	\$	\$
Somatic Cell Count	\$	\$
Value of Milk Production		\$

<u>Deductions</u>	<u>Rate</u>	<u>Value</u>
Hauling	\$	\$
Stops	\$	\$
Marketing Service	\$	\$
National DPC	\$	\$
State DPC	\$	\$
Assignments	\$	\$
Coop Dues	\$	\$
Cap. Retain	\$	\$
CDFA Quota Assessment	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Total Deductions		\$

<u>Premiums</u>	<u>Rate</u>	<u>Value</u>
Bonus	\$	\$
rBST-Free	\$	\$
Quality	\$	\$
Volume	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Total Premiums		\$

Net Payment for Month _____ \$

Less Partial Payment _____ \$

Less A/P Advance _____ \$

Gross Payment for Month _____ \$

Net Check _____ \$

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