

MONTHLY MILK PRICE INQUIRY - March 2016

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**United States
 Department of
 Agriculture**



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Please make corrections to name, address and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation.

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1. During the month of **February**, did this plant receive any milk and cream directly from any producer, regardless of location? (**Include** fluid grade and manufacturing grade milk. **Exclude** receipts from other plants.)

1000 **Yes** - Continue **No** - Go to item 10

INSTRUCTIONS: Total dollars paid should be reported f.o.b. plant or your receiving station, whichever is the customary point for determining prices. Report total before hauling costs are deducted. Include quality, quantity, bulk tank or any other premiums.

For the month of **February**, what was the:

FLUID GRADE MILK (Grade A)

2. Total fluid grade milk received from farmers and your receiving stations?	Lb.	0111
3. Total pounds of milkfat in fluid grade milk?	Lb.	0112
4. Total dollars paid for fluid grade milk?	Dol.	0113
5. Of the fluid grade milk reported in item 2, how much was produced outside of the State?	Lb.	0121

MANUFACTURING GRADE MILK (Grade B)

6. Total manufacturing grade milk received from farmers and your receiving stations (not eligible for fluid uses)?	Lb.	0211
7. Total pounds of milkfat in manufacturing grade milk?	Lb.	0212
8. Total dollars paid for manufacturing grade milk?	Dol.	0213
9. Of the manufacturing grade milk reported in item 6, how much was produced outside of the State?	Lb.	0221

(OVER)

COMMENTS:



10. **SURVEY RESULTS:** To receive the complete results of this survey on its release date, go to http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

Would you rather have a brief summary mailed to you at a later date? Yes No

9990

Respondent Name: _____

9911	9910	MM	DD	YY
Phone: () --				

That completes our survey. Thank you for your help.

Office Use Only										
Response	Respondent	Mode	Enum.	Eval.	R. Unit	Change	Office Use for POID			
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9921	9985	9989
2-R		2-Sp		2-Tel						_____
3-Inac		3-Acct/Bkpr		3-Face-to-Face						
4-Office Hold		4-Partner		4-CATI						
5-R – Est		9-Oth		5-Web						Optional Use
6-Inac – Est				6-e-mail						
7-Off Hold – Est				7-Fax						9907
				8-CAPI						9908
				19-Other						9906
										9916
S/E Name										