

**UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAMS**

Address: XXX
XXX
Phone: XXX
Fax: XXX
E-mail: XXX

XXX FEDERAL MILK ORDER XXX

HR - EZ

Report of Receipts and Utilization

(includes schedules 1, 2, and 3)

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UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

Form Approved, OMB No. 0581-0032

Form HR-EZ, Page 1

Address: XXX

XXX

Phone: XXX

Fax: XXX

E-mail: XXX

DAIRY PROGRAM

XXX FEDERAL MILK ORDER XXX

REPORT OF RECEIPTS AND UTILIZATION

Handler Name _____
 Plant Location _____
 Month/Year _____

For M. A. Use Only	
Month-Year	Order

This report is required by the order in accordance with 7 U.S.C. 608 c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

Line	BEGINNING INVENTORIES				Product Pounds	Butterfat Pounds	
	1	Class I (Packaged)					
2	Class IV (Bulk)						
RECEIPTS				For M.A. Use Only		Product Pounds	Butterfat Pounds
3	Own Farm Production	(No. of Farms)					
4	Other Dairy Farms	(No. of Farms)					

	OTHER RECEIPTS				For M.A. Use Only				Product Pounds	Butterfat Pounds
	Type 1/	Form 2/	Product 3/	Class	Type	Form	Prod.	Class		
5	Identify Name, City, State									
6										
7										
8										
9										
10										
11	Nonfluid milk products: Class II (from Sch. 1, Line 15) Lbs.						x 10.54			
12	Nonfluid milk products: Class I, III, & Loss (from Sch. 1, Line 16) Lbs.						x 10.54			
13	TOTAL RECEIPTS AND BEGINNING INVENTORIES									

	UTILIZATIONS				For M.A. Use Only				Product Pounds	Butterfat Pounds
	Type	Form	Product	Class	Type	Form	Prod.	Class		
14	Total Class I Route Disposition (In & Out of Marketing Area)									
15	Closing Inventory -- Class I Packaged									
16	Closing Inventory -- Bulk (Class IV)									
17	Movements to Other Plants (Identify)									
18										
19										
20										
21										
22										
23	Used to Produce (Identify Product)									
24										
25										
26										
27										
28										
29										
30										
31										
32	NFMS Used to Fortify FMP Lbs.						x 9.89			
33	TOTAL UTILIZATIONS AND ENDING INVENTORIES									

34 **SHRINKAGE (OVERAGE)** _____

1/ (T)ransfer; (D)iversion. 2/ (B)ulk weights; (F)arm weights; (P)ackaged. 3/ (W)hole; (S)kim; (C)rcream; (C)ondensed; (V) Various Packaged.

Date

Person Authorized to Sign for Handler

Handler: _____

Location: _____

Month & Year: _____

Form HR-EZ, Schedule 1

XXX FEDERAL MILK ORDER XXX

TOTAL ROUTE DISPOSITION

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL ROUTES				Total to Page 1, Line 14						

1/ Identify products of different butterfat tests on separate lines.

RECONCILIATION OF NONFLUID MILK PRODUCTS

	Other (Specify):	Butter		Nonfat Dry Milk		
	Pounds	Pounds	Butterfat	Pounds	Butterfat	
	AVAILABILITY:					x .008
1	Beginning Inventory					
2	Purchases					
3	Manufacture					
4	Sales (minus)					
5	Dumpage (minus)					
6	Ending Inventory (minus)					
7	Pounds Available for Use					
8	ACCOUNTABILITY: (USE)					
9	Used to Fortify Class I					
10	Used in Class II					
11	Used in Class III					
12	Total Pounds Used					
13	Loss (Line 7 Minus 12)					
14	TOTAL NONFLUID RECEIPTS:					
15	Nonfluid: Class II					
16	Nonfluid: Class I & III, (plus Loss)					

Handler: _____

Location: _____ Month & Year: _____

Form HR-EZ, Schedule 2

XXX FEDERAL MILK ORDER XXX

OUT-OF-AREA ROUTE DISPOSITION

IDENTIFY AREA 2/:

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat - Plain										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL										

OUT-OF-AREA ROUTE DISPOSITION

IDENTIFY AREA 2/:

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
16	Homo - Whole										
17											
18	Flavored Milk										
19											
20	2% Reduced Fat - Plain										
21											
22	1% Lowfat - Plain										
23											
24	Skim Nonfat - Plain										
25											
26	Flavored Drink										
27											
28	Buttermilk										
29											
30	TOTAL										

1/ Identify products of different butterfat tests on separate lines.

2/ Identify Federal order number, city & state.

XXX FEDERAL MILK ORDER XXX

CLOSING INVENTORIES

CLASS I											
Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat - Plain										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL	-		-	Total to Page 1, Line 15						

1/ Identify products of different butterfat tests on separate lines.

CLASS IV											
16	Raw Milk										
17	Skim										
18	Buttermilk										
19	Bulk Cream										
20	Concentrated FMP										
21	TOTAL, BULK	-		-	Total to Page 1, Line 16						