

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

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

Form Approved, OMB No. 0581-0032

XXX FEDERAL MILK ORDER XXX

**CALIFORNIA FMMO PRODUCER PAYROLL REPORT**

<u>Handler</u>	<u>Month's Production Results</u>
<u>Producer No.</u> <u>Tank No.</u>	Total Pounds of Milk _____
<u>Producer Name</u>	Pounds of Butterfat _____
<u>Address</u>	Pounds of Protein _____
<u>City, State, Zip</u>	Pounds of Other Solids _____
<input type="checkbox"/> Organic	Average Butterfat Test _____
	Average Protein Test _____
	Average Other Solids Test _____
<u>Month &amp; Year</u>	

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

<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		\$

Net Payment for Month	_____	\$
Less Partial Payment	_____	\$
Less A/P Advance	_____	\$
<b>Net Check</b>	_____	\$

Gross Payment for Month                      \$ \_\_\_\_\_

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