

UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

DAIRY PROGRAM

Form Approved, OMB No. 0581-0032

Address: XXX

XXX

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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> </u>
<u>Producer Name</u>		Pounds of Butterfat	<u> </u>
<u>Address</u>		Pounds of Protein	<u> </u>
<u>City, State, Zip</u>		Pounds of Other Solids	<u> </u>
<input type="checkbox"/> Organic		Average Butterfat Test	<u> </u>
		Average Protein Test	<u> </u>
		Average Other Solids Test	<u> </u>
<u>Month & 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	\$	\$
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	\$

Gross Payment for Month	\$	Net Check	\$
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