

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

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

XXX FEDERAL MILK ORDER XXX

PRODUCER PAYROLL REPORT

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-NEW. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the

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Form Approved, OMB No. 0581-0032
 Exp. XX/XXXX

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

Gross Payment for Month _____ \$

<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 _____ \$

Net Check _____ \$