## 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

**Delivery Detail Report** 

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

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## **DELIVERY DETAIL REPORT**

Handler
Producer No.
Producer Name
Address
City State 7in

Pick Up Date	Delivery Date	Destination	FMMO	Manifest/Ticket	Tank ID #	Pounds	Butterfat	Protein	Other Solids	SCC
									-	