**CALIFORNIA DESERT GRAPE ADMINISTRATIVE COMMITTEE**

82901 Bliss Avenue

Indio, CA 92201

Phone: (760) 342-4385

Fax: (760) 342-0485

Email: desertgrape@verizon.net

**END-OF-SEASON SHIPMENT REPORT**

Handler Address City, State, Zip Code

Grower Address City, State, Zip Code

Reporting Period:

Date of First Shipment to Date of Last Shipment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list all grape shipments** | | | | **Total Number of Lugs Shipped (Pounds)** | | | | |
| **Invoice**  **Number** | **Shipping**  **Date** | **Variety**  **Name** | **Destination**  **City, State** | **10 lbs** | **12 lbs** | **16 lbs** | **18 lbs** | **20 lbs** |
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| **Totals** | | | |  |  |  |  |  |

The undersigned declares under penalty of perjury that the foregoing is true and correct.

Handler Name Handler Signature Date

The making of a false statement or representation on this form, knowing it to be false, is a violation of Title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment, or both. This report is required by law. (7 U.S.C. 608(d)) Failure to report can result in a fine for each such violation, and each day during which such violation continues shall be deemed a separate violation.

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