

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**

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MA 300

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

### Handler Report of Expected Receipts and Expected Class I Needs

Handler's Name \_\_\_\_\_ Period \_\_\_\_\_

Address \_\_\_\_\_

**FULL SUPPLY CONTRACT: YES NO**

**A. Expected Receipts of Bulk Fluid Milk (Total for all plants if more than one)**

**Pounds**

1. From own producers

\_\_\_\_\_

2. Bulk milk from other sources (list by handler)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Total expected receipts

=====

**B. Expected Class I Fluid Milk Needs**

1. Use for Class I in **your own Section 7(a)** distributing plant(s) (If multiple locations list each separately)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total expected Class I bottling needs

=====

2. If **bulk** milk will be transferred from your bottling plant(s) to other Northeast Order Section 7(a) distributing plants, report estimated volume to be transferred.

\_\_\_\_\_

3. Total expected Class I needs (Summary of B1 and B2)

=====

**C. Difference between Expected Receipts and Expected Class I Needs**

Subtract B3 from A3 (Expected surplus/shortage)

\_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
(Person authorized to sign on behalf of handler.)

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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