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

UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE DAIRY PROGRAM

XXX FEDERAL MILK ORDER XXX

Delivery Detail Report

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DELIVERY DETAIL REPORT

Handler

Producer No.

Producer Name

Address

City, State, Zip

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

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