

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

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CPR-4
Form Approved, OMB No. 0581-0032;
Exp. XX/XXXX

REPORT OF BILLINGS TO AND/OR PAYMENTS FROM POOL HANDLERS*

NAME OF COOPERATIVE ASSOCIATION: _____

DATE: _____

NAME OR PURCHASER	DELIVERY PERIOD	DATE BILLED	AMOUNT BILLED	AMOUNT RECEIVED AND DEPOSITED	DATE RECEIVED

*Include all amounts billed and/or received since previous report.

Report is due on the 20th of each month.

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 0581-0032. The time required to complete this information collection is estimated to average 0.5 hour 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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