

GRAIN PRICES RECEIVED BY FARMERS FOR GRAINS AND PULSE CROPS

August 2023

OMB No. 0535-0003
 Approval Expires: ??/??/20??
 Project Code: 185
 SurveyId: 3762



**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

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Please make corrections to name, address and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. Your response will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is voluntary.

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1. Report grains and oilseeds purchased directly from U.S. farmers in July 2023.

If no purchase of any commodity listed, check box

COMMODITY (Report all varieties, grades, and qualities.)	TOTAL QUANTITY PURCHASED Dry or "shrunk" basis delivered anytime prior to the end of July	UNIT REPORTED Circle One				TOTAL VALUE Gross dollars plus quality premiums minus quality discounts. 1/ WHOLE DOLLARS	
		092	Bu. ¹	Lbs. ²	Tons ³		Cwt. ⁴
Winter Wheat	091	092	Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	093 \$
Corn (Yellow)	011	012	Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	013 \$
Corn (White)	031	032	Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	033 \$
Soybeans	211	212	Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	213 \$

1/ Add or deduct quality factors including-- test weight, protein content, foreign matter, damage, moisture content and farmer delivery. DO NOT deduct check-off fees, drying, cleaning, handling, storage, grading or other marketing or service fees.

Contact Information: Operation Email:

Operation Phone:

9937	9936 (____) _____ - _____	check if cell phone <input type="checkbox"/>
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Respondent Name:

Respondent Phone: (if different from above)

9912	9911 (____) _____	check if cell phone <input type="checkbox"/>	9910 MM DD YY Date: ____ - ____ - ____
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FAX Number (____) _____

OFFICE USE				Enter all codes that apply						
1 Re-contact/verified	3 Rounded	5 Changed Units	7 Other - comments	801	802	803	804	805	806	807
2 Re-contact/changed	4 Circled Units	6 Office Error								

Comments related to the information you reported:

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID				
1-Comp 2-R 3-Inac 4-Office Hold 5-R - Est 6-Inac - Est 7-Off Hold - Est	9901	1-Op/Mgr 2-Spouse 3-Acct/Bkpr 4-Partner 9-Other	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989 _____ - _____ - _____				
									Optional Use				
									9921	9907	9908	9906	9916
S/E Name													