

UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE DAIRY PROGRAMS

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FEDERAL MILK ORDERS 124 & 131

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HR - EZ

Report of Receipts and Utilization

(includes schedules 1, 2, and 3)

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UNITED STATES DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

DAIRY PROGRAMS

Form HR-EZ, Page 1

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OMB 0581-0032

Exp. XX/XXXX

4835 E Cactus Rd., Ste. 440

Scottsdale, AZ 85254

Phone: (602) 547-2909

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REPORT OF RECEIPTS AND UTILIZATION

Handler Name _____

Plant Location _____

Month/Year _____

For M. A. Use Only

Month-Year

Order

This report is required by the order in accordance with 7 U.S.C. 608 c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

Line	BEGINNING INVENTORIES					Product Pounds	Butterfat Pounds
1	Class I (Packaged)						
2	Class IV (Bulk)						
	RECEIPTS				For M.A. Use Only	Product Pounds	Butterfat Pounds
3	Own Farm Production	(No. of Farms)					
4	Other Dairy Farms	(No. of Farms)					

OTHER RECEIPTS		Type 1/	Form 2/	Product 3/	Class	For M.A. Use Only				Product Pounds	Butterfat Pounds	
Identify Name, City, State						Type	Form	Prod.	Class			
5												
6												
7												
8												
9												
10												
11	Nonfluid milk products: Class II (from Sch. 1, Line 15) Lbs.							x 10.54				
12	Nonfluid milk products: Class I, III, & Loss (from Sch. 1, Line 16) Lbs.							x 10.54				
13	TOTAL RECEIPTS AND BEGINNING INVENTORIES											

UTILIZATIONS		Type	Form	Product	Class	For M.A. Use Only				Product Pounds	Butterfat Pounds	
14	Total Class I Route Disposition (In & Out of Marketing Area)											
15	Closing Inventory -- Class I Packaged											
16	Closing Inventory -- Bulk (Class IV)											
17	Movements to Other Plants (Identify)											
18												
19												
20												
21												
22												
23	Used to Produce (Identify Product)											
24												
25												
26												
27												
28												
29												
30												
31												
32	NFMS Used to Fortify FMP Lbs.							x 9.89				
33	TOTAL UTILIZATIONS AND ENDING INVENTORIES											

34

SHRINKAGE (OVERAGE)

1/ (T)ransfer; (D)iversion. 2/ (B)ulk weights; (F)arm weights; (P)ackaged. 3/ (W)hole; (S)kim; (Cr)eam; (Co)ndensed; (V) Various Packaged.

Date

Person Authorized to Sign for Handler

Handler: _____

Location: _____

Month & Year: _____

Form HR-EZ, Schedule 1

FEDERAL ORDERS 124 & 131

TOTAL ROUTE DISPOSITION

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL ROUTES				Total to Page 1, Line 14						

1/ Identify products of different butterfat tests on separate lines.

RECONCILIATION OF NONFLUID MILK PRODUCTS					
	Other (Specify):	Butter		Nonfat Dry Milk	
		Pounds	Pounds	Pounds	Butterfat
AVAILABILITY:					x .008
1	Beginning Inventory				
2	Purchases				
3	Manufacture				
4	Sales (minus)				
5	Dumpage (minus)				
6	Ending Inventory (minus)				
7	Pounds Available for Use				
8	ACCOUNTABILITY: (USE)				
9	Used to Fortify Class I				
10	Used in Class II				
11	Used in Class III				
12	Total Pounds Used				
13	Loss (Line 7 Minus 12)				
14	TOTAL NONFLUID RECEIPTS:				
15	Nonfluid: Class II				
16	Nonfluid: Class I & III, (plus Loss)				

Handler: _____

Location: _____

Month & Year: _____

Form HR-EZ, Schedule 2

FEDERAL ORDERS 124 & 131

OUT-OF-AREA ROUTE DISPOSITION**IDENTIFY AREA 2/:**

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat - Plain										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL										

OUT-OF-AREA ROUTE DISPOSITION**IDENTIFY AREA 2/:**

Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
16	Homo - Whole										
17											
18	Flavored Milk										
19											
20	2% Reduced Fat - Plain										
21											
22	1% Lowfat - Plain										
23											
24	Skim Nonfat - Plain										
25											
26	Flavored Drink										
27											
28	Buttermilk										
29											
30	TOTAL										

1/ Identify products of different butterfat tests on separate lines.

2/ Identify Federal order number, city & state.

Handler: _____ Location: _____ Month&Year _____

Form HR-EZ, Schedule 3

FEDERAL ORDERS 124 & 131

CLOSING INVENTORIES

CLASS I											
Line	PRODUCT (Specify) 1/	PRODUCT POUNDS	AVG. TEST	BUTTERFAT POUNDS	GALLONS	HALF GALLONS	QUARTS	PINTS	10 OZ	HALF PINTS	OTHER Specify: _____
1	Homo - Whole										
2											
3	Flavored Milk										
4											
5	2% Reduced Fat - Plain										
6											
7	1% Lowfat - Plain										
8											
9	Skim Nonfat - Plain										
10											
11	Flavored Drink										
12											
13	Buttermilk										
14											
15	TOTAL	-		-	Total to Page 1, Line 15						

1/ Identify products of different butterfat tests on separate lines.

CLASS IV					
16	Raw Milk				
17	Skim				
18	Buttermilk				
19	Bulk Cream				
20	Concentrated FMP				
21	TOTAL, BULK	-		-	Total to Page 1, Line 16