UNITED STATES DEPARTMENT OF AGRICULTURE

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AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAMS

FEDERAL MILK ORDERS 124 & 131

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HR - EZ

Report of Receipts and Utilization

(includes schedules 1, 2, and 3)

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

UNITED STATES DEPARTMENT OF AGRICULTURE

OMB 0581-0032

AGRICULTURAL MARKETING SERVICE

Exp. XX/XXXX

DAIRY PROGRAMS

Form HR-EZ, Page 1
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FEDERAL MILK ORDERS 124 & 131

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	Form	Product	Class	For M.A. Use Only				Product	Butterfat
	Identify Name, City, State	1/	2/	3/		Type	Form	Prod.	Class	Pounds	Pounds
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					
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	Butterfat	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