

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

89 South Street

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MA 300

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

Handler Report of Expected Receipts and Expected Class I Needs

Handler's Name _____ Period _____

Address _____

FULL SUPPLY CONTRACT: YES NO

A. Expected Receipts of Bulk Fluid Milk (Total for all plants if more than one)

Pounds

1. From own producers

2. Bulk milk from other sources (list by handler)

3. Total expected receipts

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B. Expected Class I Fluid Milk Needs

1. Use for Class I in **your own Section 7(a)** distributing plant(s) (If multiple locations list each separately)

Total expected Class I bottling needs

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2. If **bulk** milk will be transferred from your bottling plant(s) to other Northeast Order Section 7(a) distributing plants, report estimated volume to be transferred.

3. Total expected Class I needs (Summary of B1 and B2)

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C. Difference between Expected Receipts and Expected Class I Needs

Subtract B3 from A3 (Expected surplus/shortage)

SIGNED BY: _____

DATE: _____

(Person authorized to sign on behalf of handler.)

PRINT NAME: _____

PHONE NUMBER: _____

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