UNITED STATES DEPARTMENT OF AGRICULTURE

Address: XXX
XXX
Phone: XXX
Fax: XXX
E-mail: XXX

AGRICULTURAL MARKETING SERVICE
DAIRY PROGRAM

XXX FEDERAL MILK ORDER XXX

PRODUCER PAYROLL REPORT

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

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-NEW. The time required to complete this information collection is estimated to average 1.5 hours 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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Form Approved, OMB No. 0581-0032
Exp. XX/XXXX

XXX FEDERAL MILK ORDER XXX

CALIFORNIA FMMO PRODUCER PAYROLL REPORT

Handler

Producer No. Tank No.

Producer Name

Address

City, State, Zip

☐ Organic

Month & Year

Month's Production Results

Total Pounds of Milk	
Pounds of Butterfat	
Pounds of Protein	
Pounds of Other Solids	
Average Butterfat Test	
Average Protein Test	
Average Other Solids Test	

	Rate	Value
PPD/Skim Blend	$	$
Butterfat Price/Blend	$	$
Producer Protein Price	$	$
Other Solids Price	$	$
Somatic Cell Count	$	$
Value of Milk Production		$

Premiums	Rate	Value
Bonus	$	$
rBST-Free	$	$
Quality	$	$
Volume	$	$
Other	$	$
Other	$	$
Other	$	$
Other	$	$
Other	$	$
Total Premiums		$

Deductions	Rate	Value
Hauling	$	$
Stops	$	$
Marketing Service	$	$
National DPC	$	$
State DPC	$	$
Assignments	$	$
Coop Dues	$	$
Cap. Retain	$	$
CDFA Quota Assessment	$	$
Other	$	$
Other	$	$
Other	$	$
Other	$	$
Total Deductions		$

Net Payment for Month	$
Less Partial Payment	$
Less A/P Advance	$
Gross Payment for Month	$
Net Check	$