

UNITED STATES DEPARTMENT OF AGRICULTURE
 Agricultural Marketing Service - Dairy Program
 Central Marketing Area - Federal Order No 32
 Partially Regulated Handler's Report of Receipts and Utilization

Form Approved
 OMB No 0581-0032

phone (913) 495-9300
 fax (913) 495-9200
 e-mail computer.staff@fmmacentral.com

PO Box 14650
 Shawnee Mission KS 66285-4650

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

Handler : _____ Plant Location : _____
 PO Address : _____ Delivery Period : _____, 20

PRODUCT POUNDS	Line	RECEIPTS	Test	B'FAT POUNDS
	1	OPENING INVENTORY - Pkg FMP		
	2	- Bulk FMP and FCP		
	3	Producer Milk -		
	4			
	5	Skim Powder Used For Class II and III		
	6	TOTAL TO ACCOUNT FOR (Add Lines 1 - 5)		

CLASS I DISPOSITION

	ITEM	GALS	½ GAL	QTS	PINT	½ PT		
7	Whole Milk							
8	(2%) Low Fat							
9	(1%) Low Fat							
10	Skim							
11	Buttermilk							
12	Flavored Milk							
13	Flavored Drink							
14								
15	Transfers To:							
16	CLOSING INVENTORY (Packaged Fluid Milk Products)							
17	TOTAL CLASS I							

CLASS II UTILIZATION

18	Pkg Cream Products (Cream/Milk & concentrated products used)							
19	Sour Cream (Cream/Milk and concentrated products used)							
20	Ice Cream Mix (Cream/Milk and concentrated products used)							
21	Cottage Cheese (Cream/Milk and concentrated products used)							
22	Transfers To:							
23	TOTAL CLASS II							

CLASS III UTILIZATION

24	Cheese (Other than Cottage)							
25	Transfers To:							
26	TOTAL CLASS III							

CLASS IV UTILIZATION

27	Fortification:							
28	Transfers To:							
29	CLOSING INVENTORY (Bulk Milk Products)							
30	TOTAL CLASS IV							

OTHER UTILIZATION

31	Dumped							
32	Livestock Feed							
33	TOTAL OTHER							
34	TOTAL ACCOUNTED FOR (Add Lines 17,23,26,30 & 33)							
35	SHRINKAGE (OVERAGE) (Line 6 Less 34)							

I declare under the penalties provided by law, that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

 Person Authorized to Sign for Handler Title Date

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