STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH

HANDLER'S MONTHLY REPORT

Enter Handler Number: _____

210-040A (EST. 9-99)

PRODUCER SHIPMENTS
RECEIVED IN REPORTING HANDLER'S PLANT

POOLING CERTIFICATE NUMBER	PRODUCER NAME *(Include your own production, if any)*	NO. OF MILKINGS DEGRADED	TOTAL POUNDS (Excluding Degraded and Rejected Milk and Diversions)		
			PRODUCT	FAT	SNF