STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH

HANDLER'S MONTHLY REPORT

210-017B (EST. 9-99)

Report to be mailed by the 8th of the month.
Report to be received in Sacramento
by the 10th of the month.

.ate filing of this report is subject to a $100 penalty

Pool Month of

PRODUCER-MEMBER SHIPMENTS
DIVERSIONS ONLY

POOLING CERT. NUMBER	PRODUCER-MEMBER NAME *Include your own production, if any*	NAME OF HANDLER DIVERTED TO	HANDLER NUMBER	TOTAL POUNDS (Excluding Degraded and Rejected Milk and Diversions)		
				PRODUCT	FAT	SNF

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is an accurate and complete report.

NAME OF HANDLER _____ PHONE NO. (_____) _____

PREPARED BY _____ DATE_____

_____ _____

(PERSON AUTHORIZED TO SIGN FOR HANDLER) (TITLE)