STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH

HANDLER'S MONTHLY REPORT

Enter Handler Number: _____

210-121 (EST. 9-99)

PRODUCER SHIPMENTS OF
MANUFACTURING MILK
DIVERSIONS ONLY

POOLING CERT. NUMBER	PRODUCER NAME *Include your own production, if any*	NAME OF HANDLER DIVERTED TO	PRODUCT POUNDS	FAT POUNDS	SNF POUNDS	DOLLARS PAID PRODUCER *

* Do not carry forward to the 800 Report. For producers included on both MPB 800 3A & 3B report, prorate dollars based on p