Dis-423C

State of New York
Department of Agriculture and Markets
Division of Milk Control and Dairy Services

Packaged Fluid Milk Products Sales Report

MAY	2006
OCTOBER	2006

MONTH:

(circle month this report applies to)

Control Number
Name
Address

To be Filed with the Division of Dairy Industry Services by the 28th day following the month to which the report applies by each licensed milk dealer who operates a milk plant and sells packaged milk or fluid milk products on their own routes.

Schedule A - Purchase or Receipt of Packaged Fluid Milk Products

Office use	Names(s) of Milk Dealers Supplying you with Packaged Fluid Milk Products	Quarts Purchased or Received
	(Attach Supplemental sheets if Necessary) - Total	0

Schedule B - Sales of Packaged Fluid Milk Products on Your Routes by County

(Include Sales even if Processed by Other Dealers)

		QUARTS					
Office use only	County Name List each Separately	Home Delivery	Stores Including Own Stores	Restaurants	Institutions Schools Hospitals	Vending Machines	Totals (Add Across)
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0
							0

							0
							0
							0
							0
							0
							0
							0
							0
		Total Own Route Sales - All New York State Counties (Attach Supplementary Sheets if Necessary)					0

Schedule C - Sales of Fluid Milk Products to Other Dealers (Including Lessees)

Office Use	Dealers' Name	Quarts
	Total Other Dealer Sales	0

Schedule D - Reconciliation of Fluid Milk Products Handled

Line No.		Quarts
1	Purchases and Receipts - Schedule A total	
2	Beginning Inventory - Packaged Product on hand at start of month	
3	Total Fluid Milk Handled - Line 1 plus line 2	
4	Routes Sales - Schedule B Total	
5	Other Dealer Sales - Schedule C Total	
6	Product loss, waste, or returned to your supplier	
7	Ending Inventory - Product on hand at end of month	
8	Total of lines 4, 5, 6, and 7 - This figure should equal line 3	

I hereby certify that the information in this report is true and correct to the best of my knowledge and belief.

Person Preparing Report	Name:	Phone: ( ) -	Date:
	Signature:	Title:	