SMC-7sm
11-96

VIRGINIA STATE MILK COMMISSION
MONTHLY REPORT OF RECEIPTS AND UTILIZATION

CONTACT PERSON: _____ PHONE NO: _____

LICENSEE: _____ REPORT MONTH/YEAR: _____

ADDRESS: _____ **LICENSE NO.:** _____

_____

I certify that this information is true and accurate to the best of my knowledge and belief.

Prepared by: _____ Date: _____

CLASS I SALES Market: _____

Product	Unit	Processor	Processor	Processor	Total Units	Conversion Factor	Product Pounds	Fat Pounds
Homo (H.V.D.)	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
Lowfat	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
Lowfat	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
Skim	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
Butter Milk	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
Choc. Milk	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
	Gals.							
	1/2 Gals.							
	Qts.							
	Pints							
B.F. Test	1/2 Pts.							
TOTAL								