

# CREAMERY LICENSE DIVISION

(765) 494-8289  
(765) 494-9346 – Fax  
www.ansc.purdue.edu/cld

270 S. Russell Street, Rm. 1074  
West Lafayette, IN 47907-2042

**This report must be completed and returned to:**  
Creamery License Division  
270 S. Russell St., Rm. 1074  
West Lafayette, IN 47907

Report of Milk and Butterfat Receipts for the month of **May 20xx**  
(All out-of-state receipts shall be exempt)

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

The following quantities of milk and/or cream were received by the above named plant during May 20xx.

Lbs. of Milk @ \$0.025/cwt \$ \_\_\_\_\_

Lbs. of Butterfat in cream @ \$0.50/cwt \$ \_\_\_\_\_

Number of producers supplying milk during May 2018 \_\_\_\_\_

Lbs. of milk for which supplier agent(s) will make payment \_\_\_\_\_

Name and address of supplier agent(s): \_\_\_\_\_

Make all checks payable to: CREAMERY LICENSE DIVISION and mail to:  
Creamery License Division  
Christy Coon  
270 S. Russell St., Rm. 1074  
West Lafayette, IN 47907

The above statements are correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_