



**Kansas Department of Agriculture**

Records Center - Dairy  
1320 Research Park Dr.  
Manhattan, KS 66502

**Monthly Report of Sales or Deliveries by Producer of Milk or Cream  
for Manufacturing Purposes to Producer's Association Cooperative or a Manufacturing Plant**

**Please return fee and form to:**  
Kansas Department of Agriculture  
Records Center – DAIRY  
1320 Research Park Drive  
Manhattan, KS 66502

Name of Association Cooperative, Processor or Distributor \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

IMS Number \_\_\_\_\_ Kansas License Number \_\_\_\_\_ For month \_\_\_\_\_ year \_\_\_\_\_

Producer's Name	Producer Number	Number of Days Delivered	Total Pounds Milk Sold or Delivered

**TOTAL LBS \_\_\_\_\_ X \$.00015 = \$ \_\_\_\_\_ TOTAL DUE**  
(\$0.015/100 LBS)

This report is due on or before the end of the month following the preceding calendar month. **An additional charge will be assessed equal to 1% of the required fee for each day after the date due. If the additional late fee charge is less than \$5, then a minimum of \$5 is due.**

For and on behalf of the cooperative or manufacturing plant, I, the undersigned, hereby authorize the secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fees due to the State of Kansas under the dairy law. (K.S.A. 65-781)

I declare that this report, including any accompanying schedule and statement, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**For Office Use Only**

DM1 \_\_\_\_\_ Check # \_\_\_\_\_ Transaction # \_\_\_\_\_ T1B Revised 06/14