CALIFORNIA DESERT GRAPE ADMINISTRATIVE COMMITTEE

82901 Bliss Avenue Indio, CA 92201 Phone: (760) 342-4385 Fax: (760) 342-0485

Email: desertgrape@verizon.net

END-OF-SEASON SHIPMENT REPORT

Handler		City, State, Zip Code							
Grower		City, State, Zip Code							
Reporting Period:									
	Date of First Shipment to Please list all grape shipments			Total Number of Lugs Shipped (Pounds)					
Invoice Number	Shipping Date	Variety Name	Destination City, State	10 lbs	12 lbs	16 lbs	18 lbs	20 lbs	
								<u> </u>	
								<u> </u>	
				†					
Totals									
The undersigned do	eclares under p	enalty of perjur	y that the foregoing i	s true and	correct.				
Handler Name	Handler Signature					Date			
Handler Name	Handler Signature								

The making of a false statement or representation on this form, knowing it to be false, is a violation of Title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment, or both. This report is required by law. (7 U.S.C. 608(d)) Failure to report can result in a fine for each such violation, and each day during which such violation continues shall be deemed a separate violation.

According to the Paperwork Reduction Act of 1995, an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. A valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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