

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

**BUYER'S VERIFICATION OF PRODUCER PAYMENT
FOR CONTAMINATED POSITIVE ANTIBIOTIC MILK**

(In accordance with the provisions of Act 266, PA 2001 or Act 267, PA 2001)

TO BE COMPLETED BY MILK BUYER

DATE OF POSITIVE LOAD _____

LOAD ID # _____

PRODUCER(S) FOUND POSITIVE (PERMIT #, NAME, AMOUNT PAID)

I verify that payment was received from above producer(s) for the entire contaminated load for the amount of \$ _____ and for costs associated with its disposition for the amount of \$ _____

In addition, I can
 cannot (please explain) _____

verify that milk was not picked up from the producer's farm until after milk in the bulk tank on that farm tested and confirmed negative for drug residues at a certified laboratory.

BUYER OR REPRESENTATIVE _____

SIGNATURE _____

COMPLETE AND RETURN FORM TO:

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

FAX: 517/373-9742