

Consignment Note for Transhipped Milk

Milk Type: _____

Document No: _____

Haulier: _____

Every-day collected: YES NO

Vehicle Registration: _____

Depot: _____

Customer: <input style="width: 90%;" type="text"/>	Customer Code: <input style="width: 90%;" type="text"/>
Delivery made on behalf of: <input style="width: 90%;" type="text"/>	Book In Time & Code (if applicable): <input style="width: 90%;" type="text"/>
Delivery Date: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>	Trailer ID: <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/> <input style="width: 15%; height: 20px;" type="text"/>
First Farm Collection: Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	RTFA Milk: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
First Transhipment Start Time: Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	Date & Time of Last CIP of Trailer: Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>

Transhipment site: _____ Transhipment Site Code:

Vehicle Reg. No: <input style="width: 150px;" type="text"/>	Route No: <input style="width: 100px;" type="text"/>	Litres: <input style="width: 100px;" type="text"/>
First Farm Collection Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	Date of last CIP: <input style="width: 150px;" type="text"/>	
Transhipment Start Time Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	Time of last CIP: <input style="width: 150px;" type="text"/>	

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Transhipment Start Time Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	Time of last CIP: <input style="width: 150px;" type="text"/>	

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Transhipment Start Time Date: <input style="width: 40%;" type="text"/> Time: <input style="width: 40%;" type="text"/>	Time of last CIP: <input style="width: 150px;" type="text"/>	

Delivery Driver Name (PRINT)

SECURITY SEAL NUMBERS

Bulk Sample No.

Litres despatched	<input style="width: 100px;" type="text"/>
Litres accepted	<input style="width: 100px;" type="text"/>
Variance +/-	<input style="width: 100px;" type="text"/>

No Measurement
 Due to operational difficulties the volume for this consignment as shown on this note may be subject to further adjustment.

YES NO Signed _____

Arrival time _____ Unload start time _____

Signature of receiving dairy representative _____

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Depot: _____

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Delivery Date:	<input type="text"/>	Trailer ID:	<input type="text"/>
First Farm Collection:	Date: <input type="text"/> Time: <input type="text"/>	RTFA Milk:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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Transhipment site:	_____	Transhipment Site Code:	<input type="text"/>
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Vehicle Reg. No:	<input type="text"/>	Route No:	<input type="text"/>	Litres:	<input type="text"/>
First Farm Collection	Date: <input type="text"/> Time: <input type="text"/>	Date of last CIP:	<input type="text"/>		
Transhipment Start Time	Date: <input type="text"/> Time: <input type="text"/>	Time of last CIP:	<input type="text"/>		

Vehicle Reg. No:	<input type="text"/>	Route No:	<input type="text"/>	Litres:	<input type="text"/>
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