PENNSYLVANIA MILK MARKETING BOARD
2301 NORTH CAMERON STREET
HARRISBURG, PA  17110-9408

PRODUCER PAYMENT AFFIDAVIT

Dealer Name: ____________________________________________________________

PMMB License Number(s): ________________________________________________

On ________________________, ___________________________________ made
    Date  Dealer

payment of _______________________________ to Pennsylvania producers, which
    Amount

amount is at least equal to its minimum payment obligation to Pennsylvania producers.

The undersigned hereby affirms that the foregoing information is true and correct to the best of
said person’s knowledge, information and belief; said affirmation being made subject to the
penalties prescribed by 18 Pa.C.S. Section 4904 (relating to unsworn falsification to authorities).

_______________________        (signature)  ___________________________________

Date

Name:

Title:

Company:

PMMB-PPA
5/14