This is a multi-part (NCR) form. To obtain a copy, please ring the number at of the form. Serial no.

	Operations Directorate
 	INTERVENTION BOAF
	the foot o

Copy distribution		
White	IB	
Yellow	Consignor	
Pink	Storekeeper	

Intervention Butter	MS/BUT/7				
Receipt advice note					
EC regulation no. 2771/99 as may be amended					
Notes about this form	B Parts A, B and C must be completed by the cold store manager.				
A Please use BLOCK CAPITALS.	C When completed please return this form to the Intervention Butter Section at the address show below.				
Part A - General details					
Name and address of cold store	Name and address of consignor				
Post code					
Status - please circle one: sole proprietor / partnership / company / trust / other - please specify Post code					
Tel. no. incl. STD code					
Part B - Delivery details					
Carton quantity and weight	Manufacturing				
Box numbers Delivered Description From To Quantity k	creamery lot Date of				
A Pescription 110m 10 Quantity R	g number delivery comments of damages				
В					
If the consignment delivered is No. of cartons received undamaged					
part of a split delivery what is ne serial number of the receipt n					
	Were all pallets date stamped? Yes No				
No. of cartons received dranaged	Did all pallets hold 40 boxes - 1 tonne per pallet? Yes No				
Part C - Temperature readings					
Complete these tables if butter is being transported over 217 miles A	A				
Carton no. Temp - °C Carton no. Temp - °C	Carton no. Temp - °C Carton no. Temp - °C				
1 5	1 5				
2 6	2 6				
3 7	3 7				
4 8	4 8				
Declaration Signature of cold store manager or their representative					
I have given details that are true and complete to the best of					
,	Name (BLOCK CAPITALS)				
	Capacity of person signing, for example, sole proprietor / partner / director / other - please specify				
WARNING: any person who makes a false declaration may be prosecuted. A false or inaccurate statement can lead to loss of entitlement and recovery of any payments made.	Date				