



STATE OF FLORIDA
DEPARTMENT OF CITRUS

605 EAST MAIN STREET / BOX 9010 / BARTOW, FLORIDA 33831

www.FloridaCitrus.org



DOUGLAS R. ACKERMAN
EXECUTIVE DIRECTOR
PHONE: 863-537-3999
FAX: 877-352-2487

MARTIN McKENNA
CHAIRMAN
FLORIDA CITRUS COMMISSION

SEMI ANNUAL INVENTORY VERIFICATION OF
GOODS-ON-HAND OF BULK CITRUS JUICES

RESPONSE REQUIRED: Please return to FDOC by [Selected Return Date]

[Letter Date]

[address: manager's name]
[address: company]
[address: street address]
[address: city, state, zip code]

TO: [manger's name]
FROM: [Processing Statistics, FDOC]
SUBJECT: VERIFICATION OF GOODS-ON-HAND OF CITRUS JUICES

Please verify the following information of PS-on-hand as of [weekending date selected]

FACILITY: [city]

Enclosed you should find five documents representing the "Semi-Annual" Inventory "Verification of Goods-on-Hand of Citrus Juices." Completion of these documents should provide data verifying inventory values recorded with FDOC in Pounds Solids (PS) at your facility(s) for each of the categories of citrus juices. This inventory verification for each product category should be effective as of your facility's normal closing day of the week associated with FDOC Week Ending [selected weekending]. The total values for each category should match the values on the Verification Form. Please have these PS values entered and verified, then sign and date the documents (both the Semi-Annual Verification Forms and this Verification) at "Authorized Manager's Signature," and return both by mail to the FDOC headquarters or by email to stats@citrus.myflorida.com

Table with 2 columns: CATEGORY [weekending date selected] and BULK - PS VALUES. Rows include FCOJ, FCGJ, FCTJ, SSOJ, and SSGJ.

Authorized Manager's Signature: _____

Company Name: _____

Return to: Florida Department of Citrus, Processors Statistics, P.O. Box 9010, Bartow, FL 33831-9010
or submit to stats@citrus.myflorida.com

CIT/IV/6 Eff. _____, 20-100.004 (48)

Semi-Annual Inventory Verification Of-- Goods-On-Hand Of Bulk Citrus Juices

BULK Frozen Concentrated Orange Juice (FCOJ)

20-3.009 F.A.C.

Week Ending _____

Reporting Facility Code _____

Pounds Solids

1. FCOJ owned by Reporting Facility and held on Reporting Facility premises			-
2. FCOJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida			
	held at		
	held at		
	held at		
	held at		
	held at		
	held at		
	held at		
<i>Please identify the Non-Reporting Facility</i>			-
3. FCOJ owned by Other Reporting Facility and held on Reporting Facility premises			
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
<i>It IS necessary to identify the Reporting Facility</i>			-
4. FCOJ owned by Non-Reporting Facility and held on Reporting Facility premises			
	held for	Non-Reporting Facility 1	
	held for	Non-Reporting Facility 2	
	held for	Non-Reporting Facility 3	
	held for	Non-Reporting Facility 4	
	held for	Non-Reporting Facility 5	
	held for	Non-Reporting Facility 6	
	held for	Non-Reporting Facility 7	
	held for	Non-Reporting Facility 8	
<i>It is NOT necessary to identify the Non-Reporting Facility</i>			-
Reporting Facility(s) Total			-

Authorized Manager's Signature

Date

Semi-Annual Inventory Verification Of-- Goods-On-Hand Of Bulk Citrus Juices

BULK Frozen Concentrated Grapefruit Juice (FCGJ)

20-3.009 F.A.C.

Week Ending _____

Reporting Facility Code _____

Pounds Solids

1. FCGJ owned by Reporting Facility and held on Reporting Facility premises		
2. FCGJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida		
	held at	
	held at	
	held at	
	held at	
	held at	
	held at	
<i>Please identify the Non-Reporting Facility</i>		-
3. FCGJ owned by Other FDOC Reporting Facility and held on Reporting Facility premises		
	held for	
	held for	
	held for	
	held for	
	held for	
	held for	
	held for	
<i>It IS necessary to identify the Reporting Facility</i>		-
4. FCGJ owned by Non-Reporting Facility and held on Reporting Facility premises		
	held for	Non-Reporting Facility 1
	held for	Non-Reporting Facility 2
	held for	Non-Reporting Facility 3
	held for	Non-Reporting Facility 4
	held for	Non-Reporting Facility 5
	held for	Non-Reporting Facility 6
	held for	Non-Reporting Facility 7
	held for	Non-Reporting Facility 8
<i>It is NOT necessary to identify the Non-Reporting Facility</i>		-
Reporting Facility(s) Total		-

Authorized Manager's Signature

Date

Semi-Annual Inventory Verification Of-- Goods-On-Hand Of Bulk Citrus Juices

BULK Frozen Concentrated Tangerine Juice (FCTJ)

20-3.009 F.A.C.

Week Ending _____

Reporting Facility Code _____

Pounds Solids

1. FCTJ owned by Reporting Facility and held on Reporting Facility premises			-
2. FCTJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida			
	held at		
	held at		
	held at		
	held at		
	held at		
	held at		
	held at		
<i>Please identify the Non-Reporting Facility</i>			-
3. FCTJ owned by Other FDOC Reporting Facility and held on Reporting Facility premises			
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
<i>It IS necessary to identify the Reporting Facility</i>			-
4. FCTJ owned by Non-Reporting Facility and held on Reporting Facility premises			
	held for	Non-Reporting Facility 1	
	held for	Non-Reporting Facility 2	
	held for	Non-Reporting Facility 3	
	held for	Non-Reporting Facility 4	
	held for	Non-Reporting Facility 5	
	held for	Non-Reporting Facility 6	
	held for	Non-Reporting Facility 7	
	held for	Non-Reporting Facility 8	
<i>It is NOT necessary to identify the Non-Reporting Facility</i>			-
Reporting Facility(s) Total			-

Authorized Manager's Signature

Date

Semi-Annual Inventory Verification Of-- Goods-On-Hand Of Bulk Citrus Juices

BULK Single Strength Orange Juice (SSOJ)

20-3.009 F.A.C.

Week Ending _____

Reporting Facility Code _____

Pounds Solids

1. SSOJ owned by Reporting Facility and held on Reporting Facility premises			
2. SSOJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida			
	held at		
	held at		
	held at		
	held at		
	held at		
	held at		
<i>Please identify the Non-Reporting Facility</i>			-
3. SSOJ owned by Other FDOC Reporting Facility and held on Reporting Facility premises			
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
	held for		
<i>It IS necessary to identify the Reporting Facility</i>			-
4. SSOJ owned by Non-Reporting Facility and held on Reporting Facility premises			
	held for	Non-Reporting Facility 1	
	held for	Non-Reporting Facility 2	
	held for	Non-Reporting Facility 3	
	held for	Non-Reporting Facility 4	
	held for	Non-Reporting Facility 5	
	held for	Non-Reporting Facility 6	
	held for	Non-Reporting Facility 7	
	held for	Non-Reporting Facility 8	
<i>It is NOT necessary to identify the Non-Reporting Facility</i>			-
Reporting Facility(s) Total			-

Authorized Manager's Signature

Date

Semi-Annual Inventory Verification Of-- Goods-On-Hand Of Bulk Citrus Juices

BULK Single Strength Grapefruit Juice (SSGJ)

20-3.009 F.A.C.

Week Ending _____

Reporting Facility Code _____

Pounds Solids

1. SSGJ owned by Reporting Facility and held on Reporting Facility premises		-
2. SSGJ owned by Reporting Facility and held in outside storage at Non-Reporting Facility within Florida		
	held at	
	held at	
	held at	
	held at	
	held at	
	held at	
	held at	
<i>Please identify the Non-Reporting Facility</i>		-
3. SSGJ owned by Other FDOC Reporting Facility and held on Reporting Facility premises		-
	held for	
	held for	
	held for	
	held for	
	held for	
	held for	
	held for	
	held for	
<i>It IS necessary to identify the Reporting Facility</i>		-
4. SSGJ owned by Non-Reporting Facility and held on Reporting Facility premises		-
	held for	Non-Reporting Facility 1
	held for	Non-Reporting Facility 2
	held for	Non-Reporting Facility 3
	held for	Non-Reporting Facility 4
	held for	Non-Reporting Facility 5
	held for	Non-Reporting Facility 6
	held for	Non-Reporting Facility 7
	held for	Non-Reporting Facility 8
<i>It is NOT necessary to identify the Non-Reporting Facility</i>		-
Reporting Facility(s) Total		-

Authorized Manager's Signature

Date