

CRANBERRY MARKETING COMMITTEE  
 2527 Cranberry Highway, Building B  
 Wareham, MA 02571  
 Phone: (508) 291-1510  
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**INTER-HANDLER TRANSFER REPORT**  
**20\_\_ CROP YEAR**  
**SEPTEMBER 1, 20\_\_ – DECEMBER 31, 20\_\_**  
**Handler: \_\_\_\_\_**

Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form.

**SECTION A:** If there were no inter-handler transfers of cranberries made to other handlers during this reporting period, indicate as such by checking the box below.

**I hereby certify that no transfers were made to other handlers through inter-handler transfers during this reporting period.**

**Transfers Made to Other Handlers**

- |  |                                      |
|--|--------------------------------------|
| 1. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____                    |                                      |
| Address: _____                         |                                      |
| 2. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____                    |                                      |
| Address: _____                         |                                      |
| 3. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____                    |                                      |
| Address: _____                         |                                      |

**SECTION B:** If cranberries were not received from other handlers through inter-handler transfers during this reporting period, indicate as such by checking the box below.

**I hereby certify that no cranberries were received from other handlers through inter-handler transfers during this reporting period.**

**Transfers Received from Other Handlers**

- |  |                                   |
|--|-----------------------------------|
| 1. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____                      |                                   |
| Address: _____                           |                                   |
| 2. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____                      |                                   |
| Address: _____                           |                                   |
| 3. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____                      |                                   |
| Address: _____                           |                                   |

I hereby certify that the foregoing is a true and accurate representation regarding inter-handler transfers made or received during the reporting period.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

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