

## **EXPRESSION OF INTEREST TO SUPPLY FORM**

BUSINESS INFORMATION								
Supplier Name/s:								
Trading Name:					ABN :			
Contact Person/s:								
Address: -								
City/Town					State	Р	ostcode	
Dairy addres	ss (if di	fferent):			_			
City/Town					State	P	ostcode	
Phone: (	)			Mobile:	_			
Fax: (	)			•				
Email:				•				



## **PRODUCTION DETAILS**

Please attach the following information:	
□ 2019/20 Monthly Milk Production Figures (Vol., Fat., Pro – see over page)	
□ 2019/20 Monthly Somatic Cell Counts	

## PLEASE RETURN TO

» NORTHERN – FNQ, SEQ, NSW » SOUTHERN – VIC, RIVERINA, SA

Tony Burnett Dom Baxter

Northern Regional Manager Southern Regional Manager

PO Box 171 Level 4, 65 Brougham St

Scone NSW 2336 Geelong VIC 3220

E tony.burnett@dfmc.org.au E dom.baxter@dfmc.org.au

M 0428 632 148 M 0419 711 663



## **MONTHLY MILK PRODUCTION FIGURES**

MONTH	ESTIMATED VOLUME LITRES	BUTTERFAT %	PROTEIN %
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			