



**DAIRY DEVELOPMENT AUTHORITY**

**MONTHLY RETURNS FORM FOR RAW MILK TRANSPORTERS**

Name of the Transporter \_\_\_\_\_

Location (District, Sub County/Town, Village or Street name  
\_\_\_\_\_

License issue date \_\_\_\_\_

Contact \_\_\_\_\_

Date	Volume of raw milk transported (in litres )	Price per litre	Source of the milk	Milk Tanker Reg. No.	Milk Tanker Capacity

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