Name of Hay Buyer		Report Month/Year			
Mailing Address Person Preparing Report		City E-Mail Address		State	Zip Code
				Telephone Number	
PURCHASED DURING REPORT MONTH:					
KIND	NET AMOUNT		UNIT*		
Alfalfa					
Clover					
Other Grain or Grass					
* UNIT = Hundred Weight (CWT) or To This report must be completed and returned		nonth's e	nd to:		
ND Department of Agriculture 600 E Boulevard Ave - Dept 602 Bismarck, ND 58505-0020 Telephone: 701-328-4761 www.nd.gov/ndda					
Signa	ture of Preparer				