



**KENTUCKY
DEPARTMENT OF
AGRICULTURE**

Department of Regulation and Inspection

107 Corporate Drive
Frankfort KY, 40601

Phone: 502-573-0282

Fax: 502-573-0303

MONTHLY GRAIN POSITION REPORT

FORM MUST INCLUDE TRANSACTIONS CONDUCTED ON THE LAST BUSINESS DAY OF EACH MONTH.

Licensee Name: _____

Location(s): _____ Month ending: _____, _____

In Bushels:	Wheat	Corn	Oats	Soybeans	Other
1. Inventory (total stock)	_____	_____	_____	_____	_____
2. +Grain STORED at other	_____	_____	_____	_____	_____
Licensed facilities	_____	_____	_____	_____	_____
4. -Warehouse receipt liability	_____	_____	_____	_____	_____
5. -Open storage liability	_____	_____	_____	_____	_____
6. =Sub total	_____	_____	_____	_____	_____
7. +Quantity in transit	_____	_____	_____	_____	_____
8. +Grain on DELAYED PRICE at other licensed facilities	_____	_____	_____	_____	_____
9. -Delayed price obligation	_____	_____	_____	_____	_____
10. -Grain on waivers	_____	_____	_____	_____	_____
11. =Balanced position	_____	_____	_____	_____	_____

12. Total amount of liens against grain inventory: \$ _____

13. Temporary facility (if applicable) Location: _____

Approximate bushels in temporary facility: _____

14. Specify Delayed Pricing Security amount: _____ (Bond, LC, CD or Grain Account.

As an authorized official, I attest that the foregoing information is true and correct.

Signature: _____, Title: _____ Date: _____

**RETURN THIS COMPLETED FORM TO: EMAIL richard.west@ky.gov OR MAIL TO: THE ABOVE ADDRESS NO LATER THAN
THE 10th DAY OF THE FOLLOWING MONTH.**