



Minnesota Milk Bank for Babies

Milk Depot Shipping/Transfer Log

Date: _____

Depot From: _____

**To: Minnesota Milk Bank for Babies
2833 Fairview Avenue N
Roseville, MN 55113
763-546-8051**

Milk in this box has been donated by:

Name of Staff who Prepared Shipment:

Signature: _____ **Date:** _____

Include a copy of this form with milk shipment/transfer

MILK BANK – Date Recd **Initial**