LIQUOR MANUFACTURER'S MONTHLY REPORT DETAIL
BOTTLING

Licensee Name _____ of _____ FL

For the month of _____ 20 ____ Reporting Period _____ through _____

A Separate Page Must Be Completed For Each Type of Transaction

TRANSACTION TYPE

☐ Received ☐ Reprocessed ☐ Sold In-State ☐ Sold Out-of-State

☐ Return to Stock ☐ Destroyed ☐ Breakage

DATE	INVOICE NUMBER	NAME OF CONSIGNOR OR CONSIGNEE	UNDER 17.259%	17.259% to 55.78%	OVER 55.78%
		Subtotal This Page			
		Transaction Total			