

BEER MANUFACTURER'S MONTHLY REPORT DETAIL

Licensee Name _____ of _____ FL

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

A Separate Page Must Be Completed for Each Type of Transaction

Choose one: _____

<input type="checkbox"/> Received From Other Breweries	<input type="checkbox"/> Sales to Other Wholesalers in State	<input type="checkbox"/> Shipped to Commercial Labs
<input type="checkbox"/> Returns to Stock - Brewed in Plant	<input type="checkbox"/> Sales Out of State	<input type="checkbox"/> Shipped to Container Companies
<input type="checkbox"/> Returns to Stock - Brewed by Others	<input type="checkbox"/> Exported	<input type="checkbox"/> Certified Breakage/Spoilage
<input type="checkbox"/> Received for lab Analysis	<input type="checkbox"/> Shipped to Other Breweries - Lab	<input type="checkbox"/> _____

Date	Invoice Number	Name and Address	16 Oz or Less	> 16 Oz to 32 Oz	Bulk Gallons
TOTALS					