

CIGARETTE REPORT OFF-PREMISE STORAGE

Permit Name _____ of _____ Permit No. _____

For the Month of _____ Yr _____ Reporting Period _____ through _____

SUMMARY OF OFF-PREMISE STORAGE

	20s	_____ s
1. Beginning Balance		
2. Received		
3. Total To Be Accounted For		
4. Transfers		
5. Total Accounted For		
6. Ending Balance		
7. Physical Inventory		
8. Over / Short		

RECEIVED INTO STORAGE

Date	Invoice Number	Name of Manufacturer	20s	_____ s
TOTAL <i>(Forward to Line 2 above. Invoices must be listed on page 3, Purchased Out-of-State)</i>				

TRANSFERS TO THE LICENSED PREMISE

Date	Invoice Number	20s	_____ s
TOTAL <i>(Forward to line 4 above)</i>			

