

# CIGARETTE REPORT DETAIL

Permit Name \_\_\_\_\_ of \_\_\_\_\_ Permit No. \_\_\_\_\_  
 For the Month of \_\_\_\_\_ Yr \_\_\_\_\_ Reporting Period \_\_\_\_\_ through \_\_\_\_\_

## PRODUCT TRANSACTIONS

*Transfer schedule totals to applicable line on page 1.*

### SCHEDULE A - PURCHASES FROM FLORIDA WHOLESALERS

Florida Permit No.	Purchased From (Name and Address)	Date	Invoice Number	20s	_____s
<b>Total</b>					

### SCHEDULE B - SALES TO FLORIDA WHOLESALERS

Florida Permit No.	Sold To (Name and Address)	Date	Invoice Number	20s	_____s
<b>Total</b>					

### SCHEDULE C - SALES TO / RETURNS FROM COUNTY AREAS

County Number	County Name	Sales		Returns	
		20s	_____s	20s	_____s
<b>Total</b>					

