

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
Total					

SCHEDULE B - SALES TO FLORIDA WHOLESALERS

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

SCHEDULE C - SALES TO / RETURNS FROM COUNTY AREAS

County Number	County Name	Sales		Returns	
		20s	_____s	20s	_____s
Total					

