

COMMON CARRIER CIGARETTE REPORT DETAIL

Permit Name _____ of _____ Permit No. _____

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

PRODUCT TRANSACTIONS

A separate page must be completed for each type of transaction.
Totals will be forwarded to page 1 of the report

TRANSACTION TYPE (Check one)	
<input type="checkbox"/> Consignee Refusals (Line 2) <input type="checkbox"/> Returns to Manufacturer/Importer (Line 5) <input type="checkbox"/> Disposals In-State (with written permission only) (Line 7)	<input type="checkbox"/> Disposals Out-of-State (Line 6) <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <i>Do Not Include In Page One Totals</i> </div> <input type="checkbox"/> Short or Lost in Transit <input type="checkbox"/> Stolen

Date	Invoice Number	Name and Address of Consignor (From)	Name and Address of Consignee (To)	Number of Packages
Subtotal This Page				
Transaction Total <i>(Transfer all transaction totals to applicable line on Summary Page)</i>				

