OUT-OF-STATE TOBACCO PRODUCTS WHOLESALE DEALER'S REPORT DETAIL

Permit Name _____ of _____

Permit Number _____ Address _____

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

Group by Retailer's Name

PRODUCT TRANSACTIONS

Invoice Date	Invoice Number	Retail Tobacco Permit #	Name and Address of Florida Retailer	Product Item #	Product Description	Quantity of Item Shipped	Discount Amount	Wholesale Sales Price

Transaction Total *(Transfer all transaction totals to applicable line on Summary Page)*