



MONTHLY DISTRIBUTOR REPORT

Company Name : _____					Reporting Period : _____		
License Number : _____			Fed TIN# : _____		Page No. _____ of _____		
Original Bill of Lading	Invoice Number	Loading Point (Refinery, Location)	Delivery Date	Navajo Nation Manifest Number	Unloading Point (Retailer Facility, Location)	Fuel (D/R)	Number of Gallons
						Total Net Gallons:	

Type of Fuel: D=Diesel; R=Dyed Diesel (Used in Motor Vehicles)
~ Note: Use Additional Sheets If Necessary