KANSAS DEPARTMENT OF REVENUE
ALCOHOLIC BEVERAGE CONTROL DIVISION
915 SW HARRISON
TOPEKA, KANSAS 66625-3512

KANSAS SUPPLIERS' MONTHLY REPORT OF SHIPMENTS TO KANSAS DISTRIBUTORS

REPORT PERIOD	Month:	Year:
Supplier Name	Kansas Supplier Permit No. 19 - 00 ___ - ___ ___ ___ ___ - ___ ___	
Business Mailing Address		
City	State	Zip Code
Person Completing Report	E-Mail Address	
Telephone Number	FAX Number	

☐ **I do not have any shipments to report this month.** ☐ **Spreadsheet attached**

PURCHASE ORDER NUMBER	SHIPMENT DATE	DISTRIBUTOR NAME	PURCHASE ORDER NUMBER	SHIPMENT DATE	DISTRIBUTOR NAME

This report must be filed by the 15th day of the following month. You are required to file this report even if you have no shipments to report.

All records shall be maintained for three years and shall be available for inspection by the Director or any agent or employee of the Director or Secretary upon request. DO NOT SEND INVOICES.

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

SIGNATURE _____ TITLE _____
State whether individual owner, member of firm, or title if officer of corporation.

DATE _____