FORM 901D/R

MONTHLY DISTRIBUTOR REPORT

Company Name : _____ Reporting Period : _____

License Number : _____ Fed TIN# : _____ Page No. : _____ of _____

Bill of Lading	Loading Point (Refinery, Location)	Delivery Date	Navajo Nation Manifest Number	Unloading Point (Retailer Facility, Location)	Type of Fuel		Number of Gallons
					D	R	

Type of Fuel: D=Diesel; R=Dyed Diesel (Used in Motor Vehicles)

Total Net Gallons : _____

~ Note: Use Additional Sheets If Necessary

Ph: (928) 871-6681; Fax: (928) 871-7608