

Name of distributor		Identification number			Month/year	
Part II — Sales to Customers Outside this State						
Submit in duplicate. Use a separate sheet for each state and province.						
To the state or province of:						
Date Shipped	Method of Delivery	Name of Transporter and Transporter Number	Delivered to	Point of		Gallons
				Shipment	Delivery	
Total gallons (enter here and on Form PT-101, line 14)						