Alcoholic Beverage Control 109 SW 9th Street, 5th Floor PO Box 3506 Topeka KS 66601-3506



KANSAS SUPPLIERS' MONTHLY REPORT OF SHIPMENTS TO KANSAS DISTRIBUTORS

REPORT PERIOD	Month:	Year:
Supplier Name	Kansas Supplier Permit No.	
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

SHIPMENT DATE	DISTRIBUTOR NAME	PURCHASE ORDER NUMBER	SHIPMENT DATE	DISTRIBUTOR NAME
	SHIPMENT DATE		SHIPMENT DATE DISTRIBUTOR NAME PURCHASE ORDER NUMBER I I I I<	SHIPMENT DATE DISTRIBUTOR NAME PURCHASE ORDER NUMBER SHIPMENT DATE

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. Email your completed report to kdor abc.marketing.unit@ks.gov or mail to the address on this form.

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.

DATE