Kansas Department of Revenue
Alcoholic Beverage Control

KANSAS DISTRIBUTORS' MONTHLY REPORT OF PURCHASES - CONTINUED

Distributor Name: _____ **FEIN:** _____ **Month:** _____ **Year:** _____

No.	Product Type	Code	Vendor's Kansas Supplier Permit Number or Licensed Farm Winery, Microbrewery or Manufacturer	Purchase Order Received Number	Purchase Order Received Date	GTIN/SCC (Optional)	UNIMERC	Selling Units	Product Unit Size	Unit of Measure	Received Quantity	Received Unit of Measure

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.