

to be filled out by Marketer, Dealer, Retail Outlet

MARKETER/DEALER/RETAIL OUTLET - INVENTORY REPORT

Company /Address:	Type of Facility	Tel. /Fax No.:	Date Started Operation:	Type of Ownership:	Reporting Period:
	Owner/Authorized Representative:			<input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	For the Year: _____ Date Submitted:
Brand Name:	Annual Sales Volume (MT):	Supplier (Name of Refilling Plant/Marketer/Dealer) & Address:			

MONTH	NO. OF LPG CYLS. REFILLED /SUPPLIED	NO. OF LPG CYLS. SOLD	LIST OF DELIVERY VEHICLE			
			MODEL	MAKE	CAPACITY	PLATE NO.
JAN						
FEB						
MAR						
APR						
MAY						
JUN						
JUL			Prepared By: _____ Reviewed By: _____			
AUG						
SEP						
OCT						
NOV						
DEC						

ANNUAL LPG FILLING PLANT PROFILE

Reporting Period: YEAR _____		LPG BRAND:	
NAME OF COMPANY/ENTITY:		ADDRESS & TEL NO.:	
NAME OF OWNER/PRESIDENT/CEO:		ANNUAL SALES VOLUME (MT):	
Supplier		Bulk Supplier/Address:	Hauler/Address:
Cylinder:	Seal:		

Storage Tank		Refilling Facilities				List of Vehicles			
Number	Capacity (MT)	Filling Type	No. of Dispenser	Vol. Thruput (MT/Day)	Total Vol. Thruput (MT/Mo.)	Model	Make	Capacity	Plate No.

LIST OF QUALIFIED PERSONNEL/ATTENDANT	

MONTHLY LPG SUPPLY/SALES/INVENTORY REPORT

Reporting Period: YEAR _____	LPG BRAND:
NAME OF COMPANY/ENTITY:	ADDRESS:
NAME OF OWNER/PRESIDENT/CEO:	DATE STARTED OPERATION:

MONTH	VOLUME (in KG)			LPG SUPPLIER/Address	HAULER/Address	TRANSPORTATION	
	Supply	Sales	Inventory			PLATE NO.	CAPACITY
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**Pls.-fill out the form completely*

CELIE/FORMAT REPORT (FOR RP & MARKETER)

ANNUAL LISTING PER LOCATION OF DEALERS/CUSTOMERS

Reporting Period: YEAR _____		NAME OF LPG SUPPLIER/S	ADDRESS							VOLUME (in MT) SUPPLIED PER YEAR										
NAME OF COMPANY/ENTITY:																				
ADDRESS:																				
NAME OF OWNER/PRESIDENT	DATE STARTED OPERATION:																			
NAME OF DEALER/CUSTOMER	ADDRESS	CONTACT NO.	NO. OF LPG CYLINDERS SUPPLIED/REFILLED PER YEAR						TOTAL	NAME OF LPG BRAND REFILLED										
			50 kg	22 kg	11 kg	7 kg	5.5 kg	2.7		50 kg	22 kg	11 kg	7 kg	5.5 kg	2.7					

**Pls. provide additional sheet if necessary*

LIST OF SUPPLY CONTRACTS AND REFILLING ARRANGEMENTS
(FOR REFILLING PLANTS AND MARKETERS)

REPORTING PERIOD

NAME OF COMPANY : _____
CONTACT PERSON : _____
ADDRESS : _____
CONTACT NO. : _____
LPG BRAND : _____

A. NAME OF COMPANY W/ SUPPLY CONTRACT

TERM OF CONTRACT

**B. NAME OF COMPANY W/ REFILLING
ARRANGEMENTS**

TERM OF AGREEMENT

INVENTORY OF LPG CYLINDERS
(FOR REFILLING PLANTS AND MARKETERS)

REPORTING PERIOD

NAME OF COMPANY : _____
ADDRESS : _____
CONTACT NO. : _____
LPG BRAND : _____

A. TOTAL NUMBER OF CYLINDERS OWNED:

50 KG : _____ 22 KG : _____
11 KG : _____ 7 KG : _____
5.5 KG : _____ 2.7 KG : _____
OTHERS _____

B. TOTAL NUMBER OF CYLINDERS ON-HAND:

50 KG : _____ 22 KG : _____
11 KG : _____ 7 KG : _____
5.5 KG : _____ 2.7 KG : _____
OTHERS _____

C. ESTIMATE LPG CYLINDER POPULATION:

_____ Brand New Cylinders _____ Date Purchased
_____ Good Cylinders with Embossed and/or Distinguishing Marks
_____ Good Cylinders without Embossed and/or Distinguishing Marks
_____ Cylinders due for Requalification
_____ Cylinders due for Repair
_____ Cylinders due for Scrappage