

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						