



MISSOURI DEPARTMENT OF PUBLIC SAFETY
 DIVISION OF ALCOHOL AND TOBACCO CONTROL
RECEIVED REPORT

MONTH	YEAR
-------	------

WHOLESALE DISTRIBUTOR NAME (AS LICENSED WITH MISSOURI)	MISSOURI LICENSE NO.
--	----------------------

STREET ADDRESS	CITY	STATE	ZIP
----------------	------	-------	-----

This form must be manually submitted when correcting errors on the electronic monthly report.

Solicitor/ Manuf. MO License Number	Solicitor / Manufacturer Name: 9 Digit Zip Code:	Invoice Number and Ship Date	Liquor Gallons	Wine Gallons	Beer Gallons
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			
	Name: 9 Digit Zip Code:	Inv: Ship Date:			