

**STATEMENT OF SALES AND/OR
TRANSFERS OUTSIDE OF THE STATE
OF MARYLAND**

Month of _____ 20 _____
Name _____

Street Address _____

City _____ State _____ ZIP code _____

List the total gallonage and delivery location for each customer:

Name of Customer	Customer Delivery Location	Total Gallons	
		Gasoline	Special Fuels
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS		_____	_____