FORM 901

MONTHLY DISTRIBUTOR REPORT

Company Name : _____ Reporting Period : _____

License Number : _____ Fed TIN# : _____ Page No. : _____

Bill of Lading	Loading Point (Refinery, Location)	Delivery Date	Navajo Nation Manifest Number	Unloading Point (Retailer Facility, Location)	Type of Fuel *					Number of Gallons
					G	D	R	A	H	

* Key: G=Gasoline; D=Diesel; R=Dyed Diesel (Used in Motor Vehicles); A=Aviation; H=Heating

Total Net Gallons : _____