

Retailer's Legal Name		
Retailer's Business Name		First Nation Reserve
Retailer's Location Address		Postal Code
Retailer's Mailing Address (If Different from Location Address)		Postal Code

Claim for the Period		Page _____ of _____
MONTH	YEAR	

Date of Purchase <i>mm/dd/yy</i>	Wholesale Fuel Supplier	Invoice Number	Fuel Tax Portion of Purchase
<i>Sub-Total carried over from previous page</i>			
Total <i>(carry forward total if additional pages required)</i>			

Information below is required on final page only.

Retailer Certification: On behalf of the above Fuel retailer I hereby certify that I am an owner or an authorized employee or representative of the Retailer and the information provided in this Summary of the Retailer's monthly Fuel purchases is correct and complete, and includes all credit notes for Fuel returns and allowances made during the month. I further certify that all Fuel products described on the attached invoices were received at the retail dealer's location on the above named First Nation reserve where the Fuel products were sold or are for sale only to purchasers for their personal consumption.

Individual Preparing This Report (please print)	Phone Number
Signature	Date
Title	

Retailer: Please submit this completed Summary of your monthly wholesale Fuel purchases and the supporting wholesale Fuel purchase invoices/credit notes, to your Band Administrator.

Band Administrator: Please forward the Retailer's completed monthly Summary and the supporting wholesale Fuel purchase invoices/credit notes, to:

**Refunds Unit, Manitoba Finance, Taxation Division
101 - 401 York Avenue, Winnipeg, MB R3C 0P8**