

First Nation Tobacco Refund Limit Program

Tobacco Purchases - Schedule B

Retailer's Business Name	Claim for the Period		Tobacco Licence #
	MONTH	YEAR	

Certification - I hereby certify that the details shown below are true and correct

			Page ____ of ____
Authorized Signature	Title	Date	

INVOICE DATE <i>mm/dd/yy</i>	INVOICE #	WHOLESALE TOBACCO SUPPLIER Attach Copy of Invoice	CIGARETTES Total Cartons Purchased		LOOSE TOBACCO Total Grams	CIGARS Total Packages
			25's	20's		

Sub-total carried forward from previous page						

TOTALS (to be carried forward to next page)						
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Complete this section if this is the final page of Schedule B to be completed for this claim period. 04/13	Total of Purchases (Line 1b)				
	Number of packages per carton (Line 2b)	x 8	x 10		
	Total packages sold (Line 1b X Line 2b)				
	Totals to be forwarded to form <i>Tobacco Refund Limit Program Retail Dealers form (Line 6)</i>				