

MONTHLY LPG SUPPLY/SALES/INVENTORY REPORT

Reporting Period: YEAR _____	LPG BRAND:
NAME OF COMPANY/ENTITY:	ADDRESS:
NAME OF OWNER/PRESIDENT/CEO:	DATE STARTED OPERATION:

MONTH	VOLUME (in KG)			LPG SUPPLIER/Address	HAULER/Address	TRANSPORTATION	
	Supply	Sales	Inventory			PLATE NO.	CAPACITY
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**Pls.-fill out the form completely*

CELIE/FORMAT REPORT (FOR RP & MARKETER)