



**CIGARETTES RECEIVED FROM
 MANUFACTURER DURING
 MONTH SCHEDULE A-1**

CIGARETTE LICENSE NUMBER _____
 REPORTING MONTH _____ YEAR _____
 PAGE NUMBER _____

ATTACH TO REV-1030/REV-1030P MONTHLY REPORT

Please indicate which you are filing for: Pennsylvania Philadelphia

Name CSA _____

Street Address _____

City _____	State _____	ZIP Code _____
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Unstamped Cigarettes Received From _____

1. INVOICE DATE	2. INVOICE NUMBER	3. DATE RECEIVED	4. NUMBER OF UNSTAMPED CIGARETTES	5. CREDITS	FOR DEPARTMENT USE ONLY		
TOTAL (SCHEDULE A1)							

NOTE: MAINTAIN DUPLICATE COPY FOR YOUR RECORDS.

