

Mail Drop 521M Fuel Tax Refund Compliance Unit PO Box 2100 Phoenix AZ 85001-2100 602.712.8727

TRIBAL RETAILER FUEL LOG SUMMARY SCHEDULE

96-3006a R10/25 azdot.gov

| Refund Period Beginning Date * | Refund Period Ending Date * | Customer Account Number | Page Number |
|--------------------------------|-----------------------------|-------------------------|---------------------|
| | | | of |
| Business Name | Brar | nch Physical Location | Branch Store Number |
| | | | |

Attach a copy of the discount transaction report, invoice or purchase receipt for each fuel purchase.

| | Station Name and City Where Purchased | Gallons Purchased | | | |
|---------------------------|---------------------------------------|-------------------|------------------------------|----------------------------|--|
| Purchase Date | | Tribal Gas | Tribal Diesel Light Class | Tribal Diesel Use Class | |
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| Total Gallons (this page) | | | | | |
| | Total Gallons (all pages) | | | | |

- Round to whole gallons.
- Transfer totals to Tribal Retailer Refund Application.

^{*} Refund Period must match dates on Tribal Retailer Refund Application, form 96-3006.