STATE OF CALIFORNIA
BOARD OF EQUALIZATION

RECEIPT SCHEDULE

(If additional space is needed, please photocopy the schedule before making entries.)

Page _____ of _____

(a) COMPANY NAME	(b) ACCOUNT NUMBER	(c) SCHEDULE CODE	(d) PRODUCT CODE	(e) MONTH/YEAR

* For detailed information regarding the use and preparation of these schedules, see form BOE-810-FTE, *Instructions for Preparing Motor Fuels Schedules*, available on our website at *www.boe.ca.gov/sptaxprog/pdf/boe810fte.pdf*. For a list of product codes, see form BOE-810-FTB, *Product Code Table*, available on our website at *www.boe.ca.gov/sptaxprog/pdf/boe810ftb.pdf*.

(1) CARRIER NAME	(2) CARRIER FEIN	(3) MODE	(4) POINT OF		(5) ACQUIRED FROM (Seller's Name)	(6) SELLER'S FEIN	(7) DOCUMENT DATE	(8) DOCUMENT NUMBER	(9) NET GALLONS	(10) GROSS GALLONS	(11) BILLED GALLONS	(12) TAX RATE	(13) PURCHASE DATE
			ORIGIN (TCN or State/Province)	DESTINATION (TCN or State/Province)									
								TOTAL					

CLEAR PRINT