



# Diesel Fuel Inventory Transfer Form

North Dakota Office of State Tax Commissioner

SFN 23021

Form Completed By:	Date:
Company Name:	Company FEIN:
Company Address (street, city, state):	Phone No.:

## Carrier Information (if not your company)

Name of Fuel Carrier:	Contact Name:
Carrier Address:	Phone:

Date of Incident:	BOL/Invoice Number(s):	
Location Incident Occurred (Terminal, Bulk Plant, Retail Location, Customer) include City & State:		
Tank Fuel Mixed In (Bulk Storage, Truck/Trailer, Customer):		
Quantity & Type of Each Fuel Involved ie. Clear Diesel, Dyed Diesel:		
Details of Incident: (If more space is needed, attach additional pages.)		
Is Federal Tax Being Reimbursed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, By Whom: _____	
How Was or Will The Mixed Fuel be Sold or Disposed: (If more space is needed, attach additional pages.)		
If Sold, What Was Rate of Tax Paid by Customer: _____	Has an Insurance Claim Been Submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, By Whom: _____

**Copies of all Bills of Lading, Invoices and Receipts related to Purchase, Sale and/or Disposal of Fuel must accompany this form for processing.**