



**Affidavit of Certification of Tax Paid Invoices**

Name of Seller			
DBA			
Address			
City/Town		State	Zip Code
FEIN Number	Social Security Number		RRMC Number
Business Telephone Number		Email Address (optional)	

The attached copies of (number of) \_\_\_\_\_ invoice(s) showing (name) \_\_\_\_\_ as purchaser represent sales of fuel on the dates shown on the invoices by the supplier whose name appears above.

Listed below are the invoice number(s), date(s), and gallonage of these purchases according to our records. (attach additional sheets if necessary)

Copies of all listed invoices are attached. These records are available for review at:

\_\_\_\_\_

Invoice Number	Date	Gallons	Diesel/ Gasoline (Select One)
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline

Invoice Number	Date	Gallons	Diesel/ Gasoline (Circle One)
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline
			<input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline

Seller's Signature \_\_\_\_\_

Title \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) **SS:**

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, and he being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature) Notary Public

\_\_\_\_\_  
(Printed Name)

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_