

**INVOICE SUMMARY**  
Gasoline Tax Refund Claim (No Diesel)  
(This schedule must be attached to Form SCGR-1)  
(See Instructions)

**Claimant Name:** \_\_\_\_\_

SCO Account No \_\_\_\_\_

**Calendar Year:** \_\_\_\_\_

**Filing Period:** (See Instructions) From \_\_\_\_\_ To \_\_\_\_\_

	Seller's Name	Purchase Location (City/CALIFORNIA)	Purchase Period		Gallons Purchased (Gasoline Only) <small>(Line 6, SCGR-1)</small>
			Date From	Date To	
	<i>Example: ABC Gas Station</i>	<i>Sacramento, CA</i>	<i>January 1, 2010</i>	<i>June 30, 2010</i>	<i>300</i>
	<i>Example: ABC Gas Station</i>	<i>Sacramento, CA</i>	<i>July 1, 2010</i>	<i>December 31, 2010</i>	<i>500</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	<b>TOTAL - THIS PAGE</b>			<b>TOTAL GALLONS</b>	_____
	<b>TOTAL - ALL PAGES</b>			<b>TOTAL GALLONS</b>	_____

**RETAIN ORIGINAL INVOICES AND ALL OTHER SUPPORTING EVIDENCE CONCERNING THIS CLAIM FOR FOUR (4) YEARS FROM REFUND ISSUANCE.**