Ephedrine / Pseudoephedrine
Sales Tracking Log

Business Name_____ Store #_____ Phone Number_____

ALL ITEMS IN BOLD MUST BE COMPLETED

Today's Date	PRINT Name	Date of Birth	ID Number and State	Address (Including City, State and Zip)	Item Purchased	Quantity Purchased

Mail or fax completed log to the Phoenix Police Department's Drug Enforcement Bureau by the 10th of the month for the previous month's sales.

FAX 602-431-2134