

**FACILITY VENDOR'S
MONTHLY BUSINESS REPORT**

PART I

OFFICIAL USE ONLY		Contract #:	Contract I D #:
1. Facility Number (3 digit number)		2. Reporting Month	3. Date
4. Printed Vendor's Name		5. Business Name	
6. Vendor's Federal Employer ID Number			
9. Vendor's Signature _____			
I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.			
10. Printed Preparer's Name		11. Preparer's Signature _____	

**THIS REPORT IS TO BE RECEIVED NO LATER THAN
THE LAST BUSINESS DAY OF THE FOLLOWING MONTH.**

Copies are acceptable but must have original signature.

Mail To:

Department of Education
Division of Blind Services
Business Enterprises Program
Room 924 E, Turlington Building
325 West Gaines Street
Tallahassee, FL 32399-0400

Part II
Computation of Net Income for
Set Aside Levy

1. Vending Drink Sales (less sales tax)		
2. Vending Snack Sales (less sales tax)		
3. Over the Counter Sales (less sales tax)		
4. Total Sales (Line 1 plus Line 2 plus Line 3)		
5. Sales Tax Collected		
6. Cost of Goods Sold a. Beginning Merchandise Inventory Value		
6. Cost of Goods Sold b. Purchase of Merchandise		
6. Cost of Goods Sold c. Ending Merchandise Inventory Value		
7. Cost of Goods Sold (Line 6a, plus Line 6b minus Line 6c)		
8. Gross Profit on Sales (Line 4 minus Line 7)		
9. Gross Wages of Employees (do not include vendor/manager draw or salary)		
10. Payroll Taxes (do not include taxes for vendor/manager)		
11. Total Approved Business Expenses (from Page 3, Part III, Section D, Line 1)		
12. Net Profit From Facility (Line 8 minus Line 9 minus Line 10 minus Line 11)		
13. Total Full Service Vending Machine and Other Income (from Page 3, Part IV, Line 4)		
14. Net Profit (Line 12 plus Line 13)		
15. Multiply Line 14 by current Set Aside Levy If Line 15 equals 0 or less enter 0. If greater than, 0 that is the money you owe.*		

*** NOTE:** Attach a money order or business or cashier's check for amount owned **payable to the Division of Blind Services to monthly report.**

Part III Approved Business Expenses
All listed expenses require a proper invoice

Section A. Insurance Expenses (Attach invoice for each entry)

1. General Liability		
2. Worker's Compensation		
3. TOTAL INSURANCE EXPENSES		

Section B. License Expenses (Attach invoice for each entry)

1. Federal License Expenses		
2. State License Expenses		
3. County License Expenses		
4. Municipal (Other than County) License Expenses		
5. TOTAL LICENSES EXPENSES		

Section C. Facility Service Expenses (Attach invoice for each entry)

1. Utilities Facility Service Expenses		
2. Rent Facility Service Expenses		
3. Storage Space Rental (Non-Highway Vending Only) Facility Service Expenses		
4. Pest Control Facility Service Expenses		
5. Equipment Rental (Attach Consultant Approval) Facility Service Expenses		
6. TOTAL FACILITY SERVICES EXPENSES		

Section D. Total Approved Business Expenses

TOTAL APPROVED BUSINESS EXPENSES (insurance plus license expenses plus facility service expenses)		
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Part IV

Full Service Vending Machine or Other Income

(Attach copy of check or other form of payment for each entry)

Full Service Vending Machine or Other Income A. Received From	B. Check Date	C. Period Covered From	C. Period Covered To	D. Amount
1.				
2.				
3.				
4. Total Full Service Vending Machine or Other Income (Enter on Page 2, Line 13)				