|  |  |
| --- | --- |
| Write Business Name here | Opening Period Ending Period |
| 00/00/0000 to: 00/00/0000 |
| Write Full Addresses | Loss Estimation of: Material or Product |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mention Earning Sources | | | Expenses Sources | |
| Sales Revenue |  |  | Rent / Mortgage |  |
| Other Revenue |  | Utilities |  |
| GROSS REVENUE |  | Office Supplies |  |
| Expected Cost | | | Internet & Phone |  |
| Travel |  |
| Insurance |  |
| Total Cost |  |  | Interest |  |
| Total Balance: |  | Depreciation |  |
|  | | | Taxes |  |
| Other Expenses |  |
| TOTAL EXPENSES |  |