

**OPPORTUNITIES FOR OHIOANS WITH DISABILITIES
MONTHLY OPERATING REPORT**

BSVI AREA _____ OPER.# _____ FAC.# _____ MO. _____ /YR. _____

PRIOR MONTH'S CLOSING CASH:
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OPERATOR NAME _____

MAILING ADDRESS _____

DATE	1	2	3				4	5	6	7
	OTHER INCOME	STOCK PURCHASED	AMOUNTS PAID OUT				EMPLOYEE WAGES	OPERATOR DRAW	TOTAL END OF DAY CASH	RECEIPTS FOR DAY (GROSS DAILY INCOME)
			C O D E	OTHER EX-PENSES	C O D E	OTHER EX-PENSES				
1										
2										
3										
4										
5										
6										
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30										
31										

ENTER HERE THE END OF MONTH INVENTORY _____ ACTUAL ESTIMATED

	2	3	4	5	6	7
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MONTH _____ YR _____ FACILITY # _____ OPR.# _____ STATUS _____

	STOCK PURCH'D	OTHER EXP.	EMPL. WAGES	OPR. DRAW	CLOSING CASH	RECEIPTS
COLUMN TOTALS	2	3	4	5	6	7

A. INITIAL INVENTORY		\$				
B. LAST MONTH'S CLOSING INVENTORY		B1 \$	OPENING CASH ON HAND		B2 \$	
C. THIS MONTH'S CLOSING INVENTORY		C1	CLOSING CASH ON HAND		C2 \$	
D. COST OF GOODS SOLD (COLUMN 2 PLUS B1 MINUS C1)						
E. GROSS PROFIT (COLUMN 7 MINUS D)						
F. ENTER AMOUNT OF OTHER EXPENSES (TOTAL COLUMN 3)						
G. FACILITY OPERATING PROFIT (E MINUS F)						
H. GROSS EMPLOYEE WAGES (COLUMN 4)						
I. NET MONTHLY BUSINESS PROCEEDS (G MINUS H)						
J. PREVIOUS MONTH'S BALANCE DUE OPERATOR						
K. TOTAL DRAW (COLUMN 5)						
L. TOTAL TO DATE BALANCE DUE OPERATOR (I, PLUS J, MINUS K)						
M. WORKING CAPITAL — BEGINNING OF MONTH (SUM OF B1 PLUS B2)						
N. WORKING CAPITAL — END OF MONTH (SUM OF C1 PLUS C2)						
O. SERVICE CHARGE DUE FOR THIS MONTH (BASED ON LINE I.)						
P. PREVIOUS SERVICE CHARGES DUE						
Q. CREDIT DUE ON SERVICE CHARGE						
R. LATE FEES	REPORT			INVENTORY		TOTAL FEE
	SERVICE CHARGE (SPECIFY MONTH)			CO-PAY		
S. TOTAL CHARGE DUE (SUM OF LINES O, P, AND R MINUS Q)						
T. PAYMENT MUST BE RECEIVED OR POSTMARKED BY						

RSC USE ONLY

ASSIGNED UNASSIGNED PROXY UNASSIGNED & RECEIVED NET

B.E. SPECIALIST'S INITIAL LATE REPORT LATE PAYMENT

PROCESS DATE _____