

NEW VENTURE PROGRAM

Monthly Progress Report

Client Name:

Company Name:

Address:

Reporting Month:

1. Does the business continue to operate in accordance with the business plan and forecast?
 - Yes
 - No

If no, explain:

2. Do you continue to work full time in operating the business?
 - Yes
 - No

If no explain:

3. Do you have a new business partner?
 - Yes
 - No

If yes, please provide the name and the controlling interest of the partner

4. Please summarize your business activities for this month and planned activities for next month.

Monthly Cash Flow Statement

(Please input your information from your ledger or provide an income & balance sheet from your accounting program.)

Month:

| | |
|---|---------------------|
| 1. SALES | |
| 2. GST collected | |
| 3. TOTAL REVENUE | (Line 1+2) |
| 4. LESS: Purchases/ Cost of Goods Sold | |
| Inventory | |
| 5. GROSS PROFIT | (Line 3-4) |
| EXPENSES | |
| 6. Staff Wages | |
| 7. Benefits/MERC | |
| 8. Rent | |
| 9. Leasehold Improvements | |
| 10. Utilities | |
| 11. Signage | |
| 12. Furniture | |
| 13. Computer(s) | |
| 14. Printers/Copiers/Fax Machines | |
| 15. Software | |
| 16. Other Equipment Purchases | |
| 17. Repairs & Maintenance | |
| 18. Advertising/Publications | |
| 19. Freight/Postage/Courier Services | |
| 20. Telephone/Computer Installation | |
| 21. Telephone Equipment | |
| 22. Telephone (cell/long distance) | |
| 23. Internet | |
| 24. Insurance | |
| 25. Legal & Professional Fees | |
| 26. Bank Charges | |
| 27. Interest Payments | |
| 28. Loan Payments | |
| 29. Supplies | |
| 30. Municipal Licenses/Taxes | |
| 31. Staff Training | |
| 32. Travel (Vehicle expenses) | |
| 33. Miscellaneous Expenses | |
| 34. TOTAL EXPENSES | (Add Line6 thru 33) |
| 35. OPERATING PROFIT / LOSS | (Line 5 – Line 34) |