DEFERRED INCOME STATEMENT

Prepaid Revenue Tracking Form

Customer Name: _____ **Statement Date:** _____

Contract Ref: _____ **Reporting Period:** _____

Date Received	Reference / Invoice #	Description of Service / Product	Total Prepaid Amount	Recognized This Period	Remaining Deferred Balance

Total Original Deferred Income: _____

Less: Total Revenue Recognized: _____

Ending Deferred Revenue Balance: _____

Amortization Schedule & Notes:

Prepared By (Signature & Title) Date

Approved By (Signature & Title) Date