Company Name: _____

Department: _____

REVENUE SUMMARY

Fiscal Year: _____

Date Prepared: _____

REVENUE ACCOUNT CATEGORY	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL YTD
Operating Revenue					
Gross Sales / Service Revenue					
Less: Sales Returns & Allowances					
Less: Sales Discounts					
Net Operating Revenue					
Non-Operating Revenue					
Interest Income					
Dividend Income					
Rental / Royalty Income					
Gain on Sale of Assets					
Total Non-Operating Revenue					
TOTAL REVENUE					

_____

Prepared By (Signature & Date)

_____

Approved By (Signature & Date)