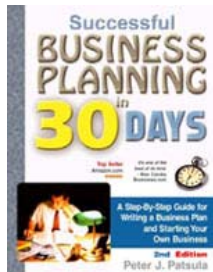


The **ENTREPRENEUR'S** Guidebook Series™

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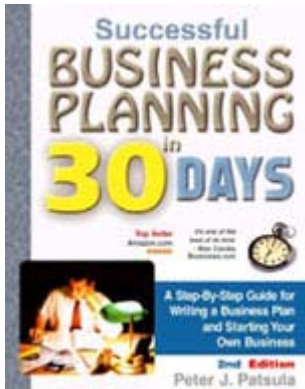


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- **Mike Milliken**, BN.com Review.

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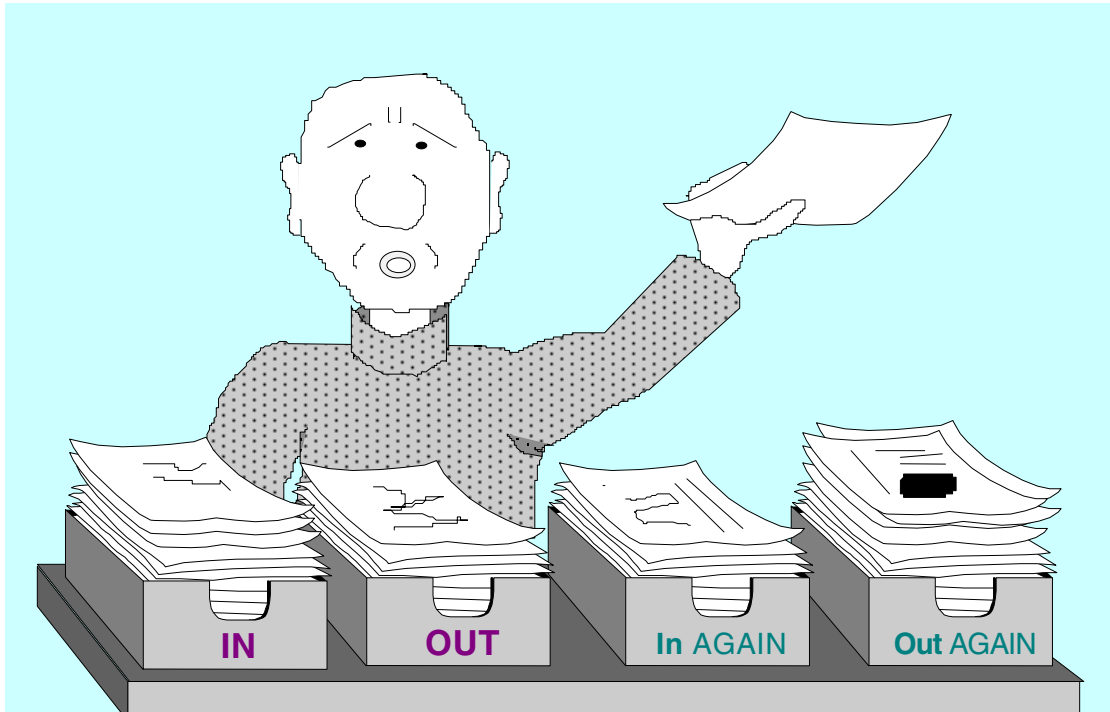
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DESIGNING A CUSTOMIZED BUSINESS PLANNER

IT HAS been documented that those who write down their goals are more likely to succeed than those who don't. Whether they succeed because they **WRITE** down their goals or because they actually **HAVE** goals, is another matter altogether.

However, whatever your position, be advised that at some point in the future you need to develop your own customized business planner (to write down your goals and keep track of your ideas). This planner will be based on a collection of forms and planning worksheets and should become your primary tool for planning and organizing your business. It will also become your primary tool for developing your business plan.

To help you develop your small business planner, this Guidebook contains 39 useful planning, organization, accounting, market testing, market analysis and small business transaction forms. Use them as your starting point.

PUTTING TOGETHER A SMALL BUSINESS PLANNER

TO CREATE your own customized business planner, follow these four simple steps:

1. **Print out all the forms at the back of this guidebook (from pages 19 to 58) using the print command in Adobe Acrobat Reader.** Although these forms look tiny and crowded on screen, they will print out beautifully on paper. If desired add your company name, address etc. in the field box at the top of each form.
2. **Head down to your nearest Office**

I must create a system, or be enslaved by another man's.

**WILLIAM
BLAKE**

Depot or Staples right now! That's right, put on your jacket, tie your shoes and head out the door. And don't forget to take your forms with you. *Office Depot* and *Staples* offer do-it-yourself photocopying for about a nickel a copy.

3. **Photocopy twenty double-sided sheets of Form #1 (Daily Planner), five or so of Form #2 (Idea Organizer) and as many of the others as you like.** Feel free to add dividers and section titles as required. And if you want to rip out

all the bookkeeping forms, because bookkeeping just isn't your cup of tea – and your Uncle Joe is going to handle all this anyway – then go ahead. In fact, if you want to add new sections, thicken existing ones, or start all over

again with *somebody else's forms or worksheets*, then who's going to stop you? This is **YOUR** planner.

4. For a little over \$1, you can now get these sheets comb bound into your own handy, portable business planner.

Both *Office Depot* and *Staples* have the equipment to do this. You might even consider laminating the front cover with your favorite inspirational picture. Your total cost, including photocopying? Less than \$5 (the best \$5 investment you will ever make).

Your total cost, including photocopying? Less than \$5 (the best \$5 investment you will ever make).

NOTE Instead of getting your business planner comb bound, purchase a good quality binder, preferably one made of leather. This binder should be thin and

light enough that it isn't a chore to carry around, and large enough that it can hold from 50 to 100 sheets of paper. Although a binder planner cannot be folded in half like a comb bound planner, has pages that don't turn as smoothly, and it is more likely to lose pages with heavy use, it is easier to add and remove material from.



GETTING THE MOST OUT OF OUR 39 BUSINESS FORMS

TO GET the most out of the 39 forms provided in this guidebook, follow these guidelines:

Don't copy any one of our forms if you can get the form mass-produced more cheaply. This is particularly true of the transaction forms (Forms 36, 37, 38 & 39) located at the end of this guidebook. Generic and customized three-part, sales orders, purchase orders and invoices can be purchased inexpensively at printing shops and office supply stores.

Enlarge or shrink forms while photo-

Every composer knows the anguish and despair occasioned by forgetting ideas which one has not time to write down.

HECTOR BERLIOZ

copying to make better use of space or if you want to cut and paste in your own business name or logo. Alternatively, you can use a rubber stamp for your business name and address or type in the Adobe Acrobat form box.

Photocopy and print these forms for personal use ONLY.

These forms are not for resale. They are to be used to help you, and only you, understand, set-up and plan your business. Think of them as seeds for future inspiration and innovation.

Use our forms as guides for creating your own customized forms. Additional forms can be created using DTP and word processing software (all forms in this book were created using Word97).

Use our forms for creating your own computerized spreadsheets. If you have a spreadsheet or database program, as well as some computer programming savvy, you might consider using our forms as guides to set up your own database and spreadsheet forms. These computer-based forms can then be used to automatically add, subtract and perform other calculations in the blink of an eye. This is especially useful when making financial projections or maintaining huge customer lists.

With the ever increasing presence of technologically sophisticated alternatives, traditional paper based forms are becoming less and less commonplace. Nevertheless, the use of forms as a means of accumulating information is flourishing.

FUNFACT

Use forms that solve problems. What you put in your *perfect* business planner is up to you. Effective organization is closely

linked to your individual goals – and no one else knows those better than yourself. Bear in mind though that *all forms are a waste of time, unless they actually accomplish something*. In other words, if you can't see any real value in writing something down or organizing it in a new way, then don't. This rule cannot be overstated. Excessive paperwork won't make you rich.

Use white-out if necessary. Any of our forms, once printed, can be modified to your specific needs by “whiting out” individual columns or words.



SYNOPSIS OF THE 39 FORMS IN THIS GUIDEBOOK

THE FOLLOWING is a synopsis of the 39 forms shown in the following pages. These forms are classified under the following four headings:

- Planning & Organization Forms
- Accounting Forms
- Market Testing & Analysis Forms
- Basic Business Transaction Forms

The following entries give a brief summary of each form and its use, as well as a reference to which guidebook in *The Entrepreneur's Guidebook Series* it is exemplified and discussed in more detail. Filled-in examples of Forms #1, #2, #3 and #6

are shown on pages 15, 16, 17 and 18 respectively.

Planning & Organization Forms

1. **Daily Planner** – Use this form to plan your week, daily tasks, and daily appointments (see page 15).
2. **Idea Organizer** – Use this form to keep track of product ideas, plans of action, goals, or even your shopping list (see page 16).
3. **Important Contacts** – Use this form for keeping track of phone numbers & addresses for clients, manufacturers, product representatives, suppliers and vendors. If you need a large address book, buy dividers at a supply shop. Then write in the appropriate letter of

the alphabet in a red felt pen in the upper box (see page 17).

4. **Customer Records** – Use this form to keep track of customer ordering habits and basic personal and business information (see Guidebook #50).
5. **Project Priority** – Use this form to prioritize ideas for products or services. This form can be used in conjunction with the *Project Evaluation Checklist* in Guidebook #16 (see Guidebook #16).
6. **Project Planner** – Use this form to keep track of a project's progress, task start and finish dates, and who is responsible for completing each task (see p. 18).
7. **Business Plan Outline** – Use this form as a starting point for a more detailed business plan (see Guidebook #9).
8. **Personal Income Statement** – Use this form to help budget your personal finances (see Guidebook #81).
9. **Personal Net Worth Statement** – Use this form to determine your personal net worth (see Guidebook #81).
10. **Cash Flow Statement** – Use this form to project how much money will pass in and out of your business during a specified period. This form is particularly useful when set up as a spreadsheet so you can vary numbers and make profit or loss projections (see Guidebook #80).
11. **Three Year Income Projection** – Use this form to project your income and deductible expenses (such as depre-

ciation) for the next three years of your business operation (see Guidebook #80).

Accounting Forms

12. **General Journal** – Use this form to keep a record of all business transactions involving the exchange of capital (see Guidebook #28).
13. **General Ledger** – Use this form to set up all asset, expense, revenue, liability and owner's equity accounts (see Guidebook #28).
14. **Daily Cash Sheet** – Use this form to keep track of cash revenues for a typical business day, week or month (see Guidebook #28).
15. **Weekly Sales & Cash Report** – Use this form to simplify your record keeping. It can be used to replace a daily cash sheet, expense journal & income journal (see Guidebook #28).
16. **Synoptic Ledger** – Use this form, instead of using a separate General Ledger page for each asset, expense, revenue, liability or owner's equity account (see Guidebook #28).
17. **Trial Balance Worksheet** – Use this form to prepare a trial balance and keep all ledger accounts up to date (see Guidebook #28).
18. **Income Statement** – Use this form to sum up profits (or losses) and expenses for monthly, quarterly or yearly periods (see Guidebook #28).
19. **Balance Sheet** – Use this form to total

your assets, liabilities and owner's equity to determine your financial position (see Guidebook #28).

20. **Manufacturer's Cost of Goods Sold** – Use this form to calculate the cost of goods sold for manufacturing a product or products (see Guidebook #40).
21. **Asset Depreciation Record** – Use this form to keep track of the depreciation of capital items, like computers, automobiles, buildings, and machinery (see Guidebook #28)
22. **Inventory "In-Stock" Record** – Use this form as a record for individual products and to keep track of orders and in-stock quantities (see Guidebook #29).
23. **Period Ending Inventory Record** – Use this form to keep track of merchandise

and business (see Guidebook #29).

24. **Bank Reconciliation** – Use this form to verify bank statements you receive from the bank are complete and accurate (see Guidebook #35).

Market Testing & Analysis Forms

25. **Product Costs Sheet** – Use this form to determine the actual costs in manufacturing a specific product (see Guidebook #52).
26. **Request for Printing Quotation** – Use this form to request a job printing quote from a printer or service bureau (see Guidebook #26).
27. **Direct Mail Promotion Costs Sheet** – Use this form to determine both the to-

tal variable and fixed costs in launching a DM promotion, each mailings unit cost, and the total number of mailings you can afford (see Guidebook #52).

28. **GM, BE, ROI & Projected Profit** – Use this form to determine the Gross Margin, Break Even point, Return on Investment, and the Profit Potential for a particular product or service (see Guidebook #80).
29. **Graphical Analysis Sheet** – Use this form to keep track of product sales, catalog sales, profits, or expenses. The mini-graphs can be broken up into months, days, or weeks (see Guidebook #68 & #80).
30. **Daily Record of Responses** – Use this form to keep track of individual responses, advertising mediums, and sales totals for one or several promotions. This form is especially useful for gathering information to evaluate mail order and DM promotions (see Guidebook #50).
31. **Direct Mail Promotion Record** – Use this form to keep track of the number of responses from a direct mail promotion using house and outside lists (see Guidebook #68).
32. **Newspaper & Magazine Ad Record** – Use this form to keep track of individual advertising campaigns. This form can also be used to keep track of individual promotions (or individual products) being advertised in many different mediums (see Guidebook #68).
33. **Item & Media Effectiveness Record** – Use this form to compare the success

of a specific product in different advertising mediums or the return of a specific advertising medium with different products (see Guidebook #68).

- 34. **Catalog Item Sales Analysis Sheet** – Use this form to rank products in order to determine whether they should be continued or not (see Guidebook #68).
- 35. **Gross Catalog Sales Analysis Sheet** – Use this form to keep track of how well a catalog pulls in orders and sales (see Guidebook #68).

Basic Business Transaction Forms

- 36. **Purchase Order** – Use this form to place an order with another (see Guidebook #30).

- 37. **Sales Order** – Use this form to bill customers who pick up their goods directly from you (see Guidebook #30).
- 38. **Invoice** – Use this form to record an order from a customer who has credit with your company (see Guidebook #30).
- 39. **Return Authorization** – Use this form – for tax purposes – to record whenever an item is returned (see Guidebook #30).




Daily Planner

Form 1

SATURDAY Date: Jan 7, 95

WEEK # 1

| ABC | TASKS & APPOINTMENTS |  | ABC | WEEKLY PLANNER |
|-----|------------------------------------|---|-----|--|
| A1 | Do bank reconciliation | | B | Organize client files |
| A5 | Pick up the kids at school | 3:30 | A | Do bank reconciliation |
| A3 | Meet Bill to discuss new suppliers | 10:00 | A | Register for small business course |
| A2 | Phone suppliers and discuss prices | | B | Visit mom |
| A4 | Have lunch with Gene | 12:30 | C | Get book from library on display ads |
| B1 | Organize client files | | B | Brainstorm on ideas for radio commercial |
| C1 | Go grocery shopping | | | |
| A2 | Call plumbers to look at pipes | | | |

IDEA ORGANIZER

Form 2

SUBJECT: Part-time Business Ideas

| | | | |
|---|----------------------------|--|--|
| ✘ | Mail-order Fruit Seller | It seems to me that the market for DTP'ers is saturated. However, I may be able to get some customers through Mary. She has some company contacts. | |
| ✓ | Exotic Tea Retailer | | |
| ✓ | Desktop Publisher | | |
| ✘ | Researcher of Family Roots | | |
| ✘ | Diet Consultant | | |
| ✓ | Curb Address Painter | Harold's Stereo Shop is going out of business. May be able to get some stereo equipment at a discount. | |
| ✓ | Disk Jockey | | |
| | | | |
| | | | |

| copywriters |  IMPORTANT CONTACTS  | | Form 3 |
|--|---|--|---------------|
| Bob Bly 174 Holland Avenue, New Milford NJ 10605 | 201-599-2277 Fax: 201-599-2276 | | |
| Larry Miller 408 Penwyn Road, Wynnewood PA 19096 | 215-649-6170 | | |
| Pete Silver 4300 NW 23rd Avenue #528, Gainesville FL 32606 | 800-888-9520 904-371-2083; Fax: 904-371-2160 | | |
| Amy Zipkin 31 Sniffen Road, Westport CT 06880 | 203-226-7825 | | |

PROJECT PLANNER

Form 6

Project Idea: *“Modern Cooking Methods for Modern Living”* **Date:** 4/1/95

Description: Writing and promotion of a 150 page color cook book, targeted towards vegetarians. Major sections include 59 recipes for rice, 32 ways to cook a potato, and 39 spice combinations that will blow your taste buds out of the sky.

| Tasks to be Completed | Starting Date | Target Date | Task Assigned To | STATUS | P |
|--------------------------------------|---------------|-------------|------------------|--------|---|
| Cook Book | 5/21/94 | 3/21/95 | Me | | 1 |
| Notes: Completed as Scheduled | | | | | |
| Marketing Plan | 3/1/95 | 5/8/95 | Carol | | 2 |
| Notes: Ahead of Schedule | | | | | |
| Rice Cooker Prototype | 2/21/95 | 4/7/95 | Bob Stroop | | 3 |

Notes: Behind Schedule

Project Planner

Form 6

Project Idea: _____ Date: _____

Description: _____

| Tasks to be Completed | Starting Date | Target Date | Task Assigned To | STATUS | P |
|-----------------------|---------------|-------------|------------------|--------|---|
|-----------------------|---------------|-------------|------------------|--------|---|

| | | | | | |
|--|--|--|--|--------------------------|--|
| | | | | <input type="checkbox"/> | |
|--|--|--|--|--------------------------|--|

Notes:

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| | | | | <input type="checkbox"/> | |
|--|--|--|--|--------------------------|--|

Notes: _____

Business Plan Outline

Form 7

| PART ONE | | TITLE | |
|-----------------------------|---|---|--|
| INTRODUCTORY SECTION | Introduce Your Company Write an Executive Summary Write a Mission Statement | COMPANY NAME BUSINESS ADDRESS NAME OF OWNER(S) | _____ _____ _____ |
| | | BUSINESS IDEA | _____ _____ _____ |
| | | MISSION STATEMENT | _____ _____ _____ |
| PART TWO | | | |
| THE COMPANY | Describe Your Company Describe Your Product or Service Describe Your Operating Plan | LEGAL FORMATION LOCATION DESCRIPTION MANAGEMENT EXPERIENCE | _____ _____ _____ |
| | | FEATURES & BENEFITS OF PRODUCT OR SERVICE | _____ _____ _____ |
| | | EQUIPMENT NEEDED STAFF REQUIRED PROJECTED OVERHEAD | _____ _____ \$ _____ |
| PART THREE | | | |
| MARKETING PLAN | Describe Your Market Describe Your Marketing Strategies | TARGET MARKET CURRENT INDUSTRY TRENDS | _____ _____ _____ |
| | | STRENGTH OF COMPETITION | _____ _____ _____ |
| | | SALES STRATEGY ADVERTISING METHODS MARKETING ADVANTAGE OVER COMPETITION | _____ _____ _____ |
| PART FOUR | | | |
| FINANCIAL PLAN | Make Financial Projections Make Closing Statements | CASH ON HAND LOANS REQUIRED PROJECTED SALES & PROFITS | \$ _____ \$ _____ \$ _____ \$ _____ |
| | | SUMMARY OF BUSINESS PLAN OBJECTIVES | _____ _____ _____ |

Personal Income Statement

Form 8

Name: _____ **Date:** _____ **Period:** _____

INCOME

| | |
|---------------------------------------|--|
| Gross Salaries | |
| Bonuses & Commissions | |
| Spouse's Gross Salaries | |
| Rental Income | |
| Annuities and Pensions | |
| Dividends and Interest | |
| Sale of Personal Capital Items | |
| 1. _____ | |
| 2. _____ | |
| TOTAL Gross Income | |
| <small>Less Taxes</small> | |
| Personal Income Tax | |
| Other Taxes | |
| A) TOTAL NET INCOME | |

EXPENSES

| | | | |
|--|--|---|--|
| | | <small>Transportation</small> | |
| | | Auto Loan/Lease Payments | |
| | | Auto Insurance | |
| | | Gas & Oil | |
| | | Repairs & Maintenance | |
| | | Licenses, Fees & Parking | |
| | | Other Transportation Expenses | |
| | | <small>Personal</small> | |
| | | Food | |
| | | Clothing | |
| | | Laundry & Cleaning | |
| | | Music, Movies & Theatre | |
| | | Drinking, Dining & Dancing | |
| | | Sporting Activities | |
| | | Vacation & Travel | |
| | | Gifts, Donations & Dues | |
| | | Education, Books & Magazines | |
| | | Medical/Dental/Life Insurance | |
| | | Doctor & Dentist Fees | |
| | | Prescription Medicines | |
| | | Loans, Debts & Credit Payments | |
| | | Investment & Savings Plans | |
| | | Other Personal Expenses | |
| | | 1. _____ | |
| | | 2. _____ | |

Household

| | |
|---|--|
| Rent/Mortgage Payments | |
| Household/Apt. Insurance | |
| Property Taxes | |
| Utilities (telephone, power, etc.) | |
| Maintenance & Repairs | |
| Furniture & Appliances | |
| Stereos, TVs, & Computers | |
| Day Care Services | |
| Other Household Expenses | |

B) TOTAL LIVING EXPENSES

TOTAL DISPOSABLE INCOME (A - B) \$

Personal Net Worth Statement

Form 9

Name: _____

Date: _____

| ASSETS | LIABILITIES |
|---|---|
| Cash | Unpaid Bills |
| Cash On Hand <input style="width: 90%;" type="text"/> | Credit Cards <input style="width: 90%;" type="text"/> |
| Checking Accounts <input style="width: 90%;" type="text"/> | Income Taxes <input style="width: 90%;" type="text"/> |
| Saving Accounts <input style="width: 90%;" type="text"/> | Insurance Premiums <input style="width: 90%;" type="text"/> |
| Money Owed to You <input style="width: 90%;" type="text"/> | Other Unpaid Bills <input style="width: 90%;" type="text"/> |
| Investments | Installment Loans |
| Mutual Funds <input style="width: 90%;" type="text"/> | Automobile <input style="width: 90%;" type="text"/> |
| Stocks & Bonds <input style="width: 90%;" type="text"/> | Other <input style="width: 90%;" type="text"/> |
| Savings Bonds <input style="width: 90%;" type="text"/> | Long Term Loans |
| Other <input style="width: 90%;" type="text"/> | Bank <input style="width: 90%;" type="text"/> |
| Annuities <input style="width: 90%;" type="text"/> | Education <input style="width: 90%;" type="text"/> |
| Life Insurance <input style="width: 90%;" type="text"/> | Home Equity <input style="width: 90%;" type="text"/> |
| Pension Fund <input style="width: 90%;" type="text"/> | Other <input style="width: 90%;" type="text"/> |
| Retirement Plans <input style="width: 90%;" type="text"/> | Real Estate Loans |
| Personal Property | Home <input style="width: 90%;" type="text"/> |
| Real Estate <input style="width: 90%;" type="text"/> | Other <input style="width: 90%;" type="text"/> |
| Furniture/Antiques <input style="width: 90%;" type="text"/> | Other Liabilities |
| Art/Jewelry <input style="width: 90%;" type="text"/> | Alimony Payments <input style="width: 90%;" type="text"/> |
| Vehicles <input style="width: 90%;" type="text"/> | Accounts Payable <input style="width: 90%;" type="text"/> |
| Other Assets | Notes Payable <input style="width: 90%;" type="text"/> |
| Accounts & Notes <input style="width: 90%;" type="text"/> | Contracts Payable <input style="width: 90%;" type="text"/> |
| A. _____ <input style="width: 90%;" type="text"/> | A. _____ <input style="width: 90%;" type="text"/> |
| B. _____ <input style="width: 90%;" type="text"/> | B. _____ <input style="width: 90%;" type="text"/> |
| C. _____ <input style="width: 90%;" type="text"/> | C. _____ <input style="width: 90%;" type="text"/> |
| TOTAL ASSETS \$ | TOTAL LIABILITIES \$ |

NET WORTH \$

THree Year INcome Projection

Form 11

Three Year Projection FOR:

As OF:

| | YEAR 1 | YEAR 2 | YEAR 3 |
|---|--------|--------|--------|
| GROSS SALES | \$ | | |
| LESS Returns and Allowances | | | |
| LESS Sales Tax (if included in sales) | | | |
| ADD OTHER INCOME: | | | |
| Royalties and Dividends on Stock | | | |
| Interest from Bank Accounts | | | |
| Gains from Sale of Fixed Assets | | | |
| Other Income | | | |
| GROSS INCOME | \$ | | |
| LESS COST OF GOODS SOLD: | | | |
| Inventory at Beginning of Fiscal Period | | | |
| ADD Cost of Goods Purchased During Fiscal Period | | | |
| ADD Freight & Delivery Charges | | | |
| LESS Purchased Returns | | | |
| LESS Inventory at the End of the Fiscal Period | | | |
| TOTAL Cost of Goods Sold | | | |
| GROSS PROFIT | \$ | | |
| LESS VARIABLE Expenses (controllable) (selling) | | | |
| Accounting & Legal Fees | | | |
| Advertising | | | |
| Business Tax, Fees, Licenses, Dues & Subscriptions | | | |
| Interest Charges (Debt Expenses) | | | |
| Maintenance & Repairs | | | |
| Meals & Entertainment | | | |
| Motor Vehicle Expenses (except deprec. allowance) | | | |
| Office Supplies | | | |
| Sales Salaries & Wages | | | |
| Other Variable Expenses | | | |
| LESS FIXED Expenses (overhead) (administrative) | | | |
| Administrative Salaries & Wages | | | |
| Bad Debts | | | |
| Depreciation | | | |
| Insurance | | | |
| Mortgage / Rent Payments | | | |
| Payroll Expenses & Taxes | | | |
| Property Taxes | | | |
| Telephone & Utilities (Heat, Hydro) | | | |
| Other Fixed Expenses | | | |
| TOTAL Operating Expenses (fixed + variable) | | | |
| NET INCOME (Before Taxes) | \$ | | |
| LESS Estimated Tax Payments | | | |
| NET INCOME (After Taxes) | \$ | | |

General Journal

Form 12

| DATE | DESCRIPTIONS | AC# | DEBIT | | | | CREDIT | | | | P✓ |
|------|--------------|-----|-------|----|-------|----|--------|--|--|----|----|
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DEBIT CREDIT

General Ledger

Form 13

| | Account Name and No. | | P/R | ☞ IN | ☜ OUT | BAL | | |
|----|----------------------|--|-----|--------------|---------------|-----|----|--|
| | DATE | | | | | | | |
| | DESCRIPTIONS | | | | | | | |
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| | | | | DEBIT | CREDIT | | | |

Daily Cash Sheet**Form 14**

Date: _____ Period: _____

A. Opening Balance (opening change float) → **B. Collections** (cash in) *all sales figures include sales tax collected or collectible*Cash Sales (Cash Register Receipts) _____
Sales on Account (New A/C Receivables) _____**Gross Sales** \$ _____**ADD:**A/C Receivables Collected _____
Other Income Collected _____**LESS:**Sales Returns _____
Sales on Account _____**TOTAL Cash Collected** → Sales Tax Collected & Collectible _____
Total Sales Tax Refunded _____**C. Total Cash To Be Accounted For (A+B)** → **D. Cash Disbursements** (cash out)Petty Cash Slips _____
Miscellaneous _____**TOTAL Cash Disbursed** →

Total Sales Tax Paid Out _____

E. Net Cash (C-D) → **F. Actual Cash Count**Bills _____
Coins _____
Checks _____
Credit Card Slips _____**TOTAL Cash in Register or Till** → **G. Cash Short or Over** → **H. Opening Float Tomorrow** → **I. Bank Deposit (F-H)** →

Prepared BY: _____

Weekly Sales & Cash Report

Form 15

| | AC# | DESCRIPTION | DATE | DATE | DATE | DATE | DATE | DATE | DATE | POSTED <input type="checkbox"/> |
|--------------------------------|-----|--|----------------------|------------|------------|------|------------|------|-------------|------------------------------------|
| | | | MON | TUE | WED | THU | FRI | SAT | SUN | |
| Revenue Accounts | | | Last Week Bal | A/P | | | A/P | | Bank | |
| 2 | | Sales 1 (cash, checks, credit cards) | | | | | | | | |
| 3 | | Sales 2 | | | | | | | | |
| 4 | | Sales Tax Collected | | | | | | | | |
| 5 | | Other Income | | | | | | | | |
| 6 | | Refund/Returns (debit) | | | | | | | | |
| 7 | | CASH INCOME (add 2 to 5 less 6) | | | | | | | | |
| Liability Accounts | | | | | | | | | | |
| 9 | | New Accounts Payable (credit) | | | | | | | | |
| 10 | | Accounts Payable Paid (debit) | | | | | | | | |
| 11 | | Bank Loans Paid (principle only) | | | | | | | | |
| Owner's Equity Accounts | | | | | | | | | | |
| 13 | | Personal Drawings (cash) | | | | | | | | |
| 14 | | Personal Drawings (check) | | | | | | | | |
| Expense Accounts | | | | | | | | | | |
| 16 | | Advertising | | | | | | | | |
| 17 | | Automobile | | | | | | | | |
| 18 | | Insurance | | | | | | | | |
| 19 | | Interest | | | | | | | | |
| 20 | | Phone | | | | | | | | |
| 21 | | Supplies | | | | | | | | |
| 22 | | Rent/Mortgage | | | | | | | | |
| 23 | | Repairs & Maintenance | | | | | | | | |
| 24 | | Shipping & Postage | | | | | | | | |
| 25 | | Travel & Entertainment | | | | | | | | |
| 26 | | Utilities (light, heat, water) | | | | | | | | |
| 27 | | Wages Paid | | | | | | | | |
| 28 | | Other | | | | | | | | |
| 29 | | Petty Cash Slips | | | | | | | | |
| 30 | | Miscellaneous Cash Payments | | | | | | | | |
| Asset Accounts | | | | | | | | | | |
| 32 | | Inventory Purchased | | | | | | | | |
| 33 | | Equipment Purchased | | | | | | | | |
| 34 | | New A/C Receivables (debit) | | | | | | | | |
| 35 | | OPENING CASH BALANCE | | | | | | | | |
| 36 | | A/R Collected (credit) | | | | | | | | |
| 37 | | CASH AVAILABLE 7 + 35 + 36 | | | | | | | | |
| 38 | | PAYOUT 13 + 29 + 30 | | | | | | | | |
| 39 | | Net Cash (Cash on Hand) 37 - 38 | | | | | | | | |
| 40 | | Actual Cash Count | | | | | | | | |
| 41 | | Cash Over or Short | | | | | | | | |
| 42 | | BANK DEPOSIT 39 - 35 | | | | | | | | |
| 43 | | FLOAT TOMMORROW 36 + 42 | | | | | | | | |
| 44 | | | | | | | | | | |
| End of Week BALANCES | | | (18 to 31) | | A/P | | A/R | | Bank | |

Synoptic Ledger

Form 16

| | DESCRIPTION | Asset Accounts | | | | | | | | | | | RENT | UTIL | | |
|----|-------------|----------------|-----|-----|-----|-----|-----|-----------|-----|------|-----|-----|------|------|------|----|
| | | DAILY CASH | | | A/R | | | PURCHASES | | BANK | | | | | MISC | |
| | | IN | OUT | BAL | IN | OUT | BAL | IN | OUT | IN | OUT | BAL | | | IN | IN |
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| 50 | | | | | | | | | | | | | | | | |

ASSET (DEBIT) ACCOUNTS

Synoptic Ledger

Form 16

| Expense Accounts | | | | | | | Revenue Accounts | | | | Liability Accounts | | | | Owner's Equity | | | |
|------------------|------|------|------|-------|---------|------|------------------|-----|-----|------|--------------------|-----|-----|------|----------------|------|--|----|
| ADVE | AUTO | INSU | SUPL | PHONE | PAYROLL | MISC | SALES | | | MISC | A/P | | | MISC | DRAW | MISC | | |
| IN | IN | IN | IN | IN | IN | IN | IN | OUT | BAL | IN | IN | OUT | BAL | IN | IN | IN | | |
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EQUITY (CREDIT) ACCOUNTS

Income Statement

Form 18

Statement of Income FOR:

As OF:

| | | |
|---|----------------------------------|-----------|
| | GROSS SALES | |
| LESS Returns and Allowances | _____ | |
| LESS Sales Tax (if included in sales) | _____ | |
| ADD OTHER INCOME: | | |
| Royalties and Dividends on Stock | _____ | |
| Interest from Bank Accounts | _____ | |
| Gains from Sale of Fixed Assets | _____ | |
| Other Income | _____ | |
| | GROSS INCOME | \$ |
| LESS COST OF GOODS SOLD: | | |
| Inventory at Beginning of Fiscal Period | _____ | |
| ADD Cost of Goods Purchased During Fiscal Period | _____ | |
| ADD Freight & Delivery Charges | _____ | |
| LESS Purchased Returns | _____ | |
| LESS Inventory at the End of the Fiscal Period | _____ | |
| TOTAL Cost of Goods Sold | _____ | |
| | GROSS PROFIT | \$ |
| LESS OPERATING EXPENSES: | | |
| Accounting, Legal & Professional Fees | _____ | |
| Advertising | _____ | |
| Bad Debts | _____ | |
| Car & Truck Expenses (except depreciation allowance) | _____ | |
| Commissions & Fees | _____ | |
| Depreciation (Capital Cost Allowance) | _____ | |
| Employee Benefit Programs | _____ | |
| Insurance | _____ | |
| Interest Charges (Debt Expenses) | _____ | |
| Mortgage Payments | _____ | |
| Office Expenses | _____ | |
| Payroll Taxes | _____ | |
| Pension and Profit-Sharing Plans | _____ | |
| Property Taxes | _____ | |
| Rent or Lease | _____ | |
| Repairs & Maintenance | _____ | |
| Salaries & Wages | _____ | |
| Supplies | _____ | |
| Taxes, Fees, Licenses, Dues & Subscriptions | _____ | |
| Telephone | _____ | |
| Travel, Meals & Entertainment | _____ | |
| Utilities (Heat, Hydro) | _____ | |
| Other Operating Expenses: | _____ | |
| TOTAL Operating Expenses | _____ | |
| | NET INCOME (Before Taxes) | \$ |
| LESS Estimated Tax Payments | _____ | |
| | NET INCOME (After Taxes) | \$ |

Balance Sheet

Form 19

Balance Sheet FOR:

As OF:

| | | |
|--|-----------------------|--|
| | Current Assets | |
| Accounts Receivable (LESS allowance for bad debts) | _____ | |
| Cash in Bank | _____ | |
| Cash on Hand (includes Petty Cash) | _____ | |
| Inventories (Merchandise) | _____ | |
| Prepaid Expenses | _____ | |
| Short-term Investments | _____ | |
| Supplies | _____ | |
| Other Current Assets | _____ | |

Long-Term Investments

| | | |
|------------------------|---------------------|--|
| | _____ | |
| | Fixed Assets | |
| Buildings | _____ | |
| Land | _____ | |
| Furniture & Fixtures | _____ | |
| Leasehold Improvements | _____ | |
| Materials & Equipment | _____ | |
| Motor Vehicles | _____ | |
| Other Fixed Assets | _____ | |

TOTAL ASSETS \$

| | | |
|---------------------------|----------------------------|--|
| | Current Liabilities | |
| Accounts Payable | _____ | |
| Interest Payable | _____ | |
| Income Tax Payable | _____ | |
| Wages & Salaries Payable | _____ | |
| Short Term Loans Payable | _____ | |
| Other Current Liabilities | _____ | |

Long Term Liabilities

| | | |
|---|-------|--|
| | _____ | |
| Long Term Loans Payable | _____ | |
| Mortgages | _____ | |
| Bonds Payable (applies to corporations) | _____ | |
| Other Long Term Liabilities | _____ | |

TOTAL LIABILITIES \$

| | | |
|--------------------------------------|-----------------------|--|
| | Owner's Equity | |
| Proprietorship or Partnership Equity | _____ | |
| Capital Stock | _____ | |
| Retained Earnings as of: | _____ | |
| Earnings Retained (Net Income) for: | _____ | |

Total Owner's or Stockholder's Equity = **NET WORTH** \$

TOTAL LIABILITIES & NET WORTH \$

Cost of Goods Sold for Manufacturers

Form 20

| Cost of Goods Sold FOR: | From: | To: |
|---|-----------------------------------|-----------------|
| Materials Used to Make Products | | |
| Materials Inventory (Beg. of Fiscal Period) | _____ | |
| ADD Purchases | _____ | |
| LESS Returns and Allowances | _____ | |
| TOTAL Materials Available for Use | _____ | |
| LESS Materials Inventory (End of Fiscal Period) | _____ | |
| (A) | TOTAL MATERIALS CONSUMED | \$ _____ |
| (B) | LABOUR COSTS | \$ _____ |
| Factory Overhead | | |
| Indirect Labor (administrative) | _____ | |
| Salaries | _____ | |
| Payroll Taxes | _____ | |
| Power | _____ | |
| Heat | _____ | |
| Light | _____ | |
| Factory Supplies | _____ | |
| Depreciation – Building | _____ | |
| Depreciation – Equipment | _____ | |
| Repairs and Maintenance | _____ | |
| Patent Expenses | _____ | |
| Tool and Die Expenses | _____ | |
| Insurance for Building & Equipment | _____ | |
| Other Overhead | _____ | |
| (C) | TOTAL FACTORY OVERHEAD | \$ _____ |
| (A+B+C) | TOTAL MANUFACTURING COSTS | \$ _____ |
| ADD Work in Process Inventory (Beg. of Fiscal Period) | _____ | |
| LESS Work in Process Inventory (End of Fiscal Period) | _____ | |
| | COST OF GOODS MANUFACTURED | \$ _____ |
| ADD Inventory of Finished Goods (Beg. of Fiscal Period) | _____ | |
| LESS Inventory of Finished Goods (End of Fiscal Period) | _____ | |
| | COST OF GOODS SOLD | \$ _____ |

| Asset Depreciation Record | | | | | | Form 21 |
|----------------------------------|--------------------------|---------------------------|---------------|---------------------------|---------------|---------------------|
| | ASSET DESCRIPTION | Date Asset Put in Service | Original Cost | Business Investment Use % | Serial Number | Depreciation Method |
| | PURCHASED FROM | Section 179 Deduction | Tax Category | Recovery Period | | |

How Asset Will Be Used: _____

| | NOTES | Depreciation Prior Years | Cost of Any Improvements | Basis for Depreciation | Rate or Table % | Depreciation Deduction | PERIOD |
|-----------|--------------|--------------------------|--------------------------|------------------------|-----------------|------------------------|---------------|
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| | DATE ASSET SOLD | Amount Sold For | Selling Expenses | Sold to Whom |
|--|------------------------|-----------------|------------------|--------------|
| | | | | |

Details of Asset Disposition: _____

Period Ending Inventory Record

Form 23

Inventory Record FOR:

DATE:

| | | | | | |
|--------------|-------------|------------|------------------|--------------|--|
| DEPT: | | | LOCATION: | | |
| Called by: | Entered by: | Priced by: | Checked by: | Approved by: | |
| < | | | DATE | | |
| | | | | | |
| | | | | | |

| | Item # | Quantity | Unit | Description | ✓ | Unit Price | Comments | \$ Total | ✓ |
|--------------|--------|----------|------|-------------|---|------------|----------|----------|---|
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| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| 32 | | | | | | | | | |
| 33 | | | | | | | | | |
| 34 | | | | | | | | | |
| 35 | | | | | | | | | |
| TOTAL | | | | | | | | | |

Bank Reconciliation

Form 24

Bank Reconciliation FOR:

as of DATE:

A. CLOSING BALANCE SHOWN ON BANK STATEMENT:

\$

ADD deposits not credited on bank statement:

TOTAL DEPOSITS NOT CREDITED

SUBTOTAL

\$

SUBTRACT checks issued but not yet cleared by the bank:

No.

TOTAL OUTSTANDING CHECKS:

\$

ADD or SUBTRACT bank errors:

B. ADJUSTED BANK BALANCE:

\$

C. BALANCE ACCORDING TO YOUR RECORDS:

\$

ADD bank interest or additions not yet recorded:

SUBTRACT bank service charges not yet recorded:

ADD or SUBTRACT other errors:

D. ADJUSTED BALANCE:

\$

Comments: _____

Request for Printing quotation

Form 26

| | | |
|-------------|------------------|-----------|
| FROM | | TO |
| | Company | |
| | Contact | |
| | Address | |
| | Phone/Fax | |

JOB SPECIFICATIONS

| Date Request Made | Quote Needed By | Title of Job | Requested Start Date | Requested End Date |
|-------------------|--|--------------|----------------------|--------------------|
| 1 | This Job is a: (new job, exact reprint, reprint with changes) | | | |
| 2 | Quality desired: (describe print quality, resolution – basic, good, premium) | | | |
| 3 | Quantity: A) | | B) | |

FORMAT

| | | |
|---|--------------|--------------------------|
| 4 | Description: | |
| 5 | Page Size: | Flat x Bound or folded x |
| 6 | # of Pages | Specifics: |

COPY

| | | | | |
|----|---------------------------|--------------|-----------------|---------------------------------|
| 7 | Design Features Required: | bleeds | screen tints # | reverses # |
| 8 | Art & Copy Provided: | camera-ready | photo negatives | printer to typeset and paste up |
| 9 | Extras Provided: | halftones # | duotones # | color separations # |
| 10 | Proofs Requested: | galley | blueline | composite color |

PAPER

| | weight | name | color | finish | grade |
|----|-------------|------|-------|--------|-------|
| 11 | Text Paper: | | | | |
| 12 | Cover Stock | | | | |

PRINTING

| | | |
|----|-----------|------------|
| 13 | Text Ink | Specifics: |
| 14 | Cover Ink | Specifics: |

BINDER

| | | | | | |
|----|---|--------------|-----------|-----------------|-------------|
| 15 | Operations: (deliver flat, trim, round corner, punch, collate & gather, drill, fold, score/perforate) | | | | |
| 16 | Bindings: (saddle stitch, spiral bind, side stitch, plastic comb, perfect bind, Wire-O, case bind) | | | | |
| 17 | Packing Inst. | Band in # | Wrap in # | Bulk in Cartons | Skid Pack |
| 18 | Shipping Inst. | Will Pick up | Send UPS | Ship via Truck | Deliver to: |
| 19 | Material Available: | | | | |
| 20 | Special Instructions: | | | | |

QUOTE

| | | | | | | | | |
|---|---------------|--------------------------|---|--------------------------|------------|--------------------------|--------|--------------------------|
| Please quote your best price and delivery on the above job: | | | | | | | | |
| 21 | as firm price | <input type="checkbox"/> | as rough estimate | <input type="checkbox"/> | in writing | <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| 22 | Price: | \$ | Estimated Delivery (working days from receipt of camera-ready copy) | | | | | |
| 23 | Terms: | | | | | | | |
| 24 | Remarks: | | | | | | | |
| 25 | SIGNED: | | | | | | | |

Thank you for your quote. We look forward to working with you.

Direct Mail Promotions Cost Sheet

Form 27

| | | | |
|--------------------------|---|--------------|------------------------------|
| PROMOTION: | | Date: | |
| FIXED COSTS | | | Materials & Labor |
| CREATIVE | Writing Copy | | |
| | Design and Layout | | |
| | Artwork (mechanicals and finished art) | | |
| | Photography (photos, models/talent, retouching) | | |
| PRINTING PREP | Typesetting (typography, proofing, corrections) | | |
| | Paste up Camera-ready Copy | | |
| | Half-tones, Color Separations | | |
| | Platemaking (camera work, proofs, negatives, stripping, plates) | | |
| LIST | List Selections (zip code, hotline names, other) | | |
| | Merge/Purge (updating lists) | | |
| OVERHEAD | Percentage of Overhead for Advertising & Mailing Depts | | |
| OTHER | | | |
| | | | |
| TOTAL | | | \$ |

| | | |
|-----------------------|--|------------------|
| VARIABLE COSTS | | Unit Cost |
| PRINTING | Letter (paper) | |
| | Outer Envelope | |
| | Reply Envelope | |
| | Order Form, Response Vehicle, Reply Card (BRC) | |
| | Brouchure, Catalog | |
| | Newsletter | |
| | Other Inserts (lift letter, buck slip, etc.) | |
| LIST | List Rental | |
| MAILLING | Inserting | |
| | Addressing and Labeling | |
| | Sorting, Metering and Mailing | |
| POSTAGE | First Class, Bulk Rate, Alternative Delivery Methods | |
| OTHER | | |
| | | |
| TOTAL | | \$ |

| | | | | | | |
|------------------------|--|------|--------|---------|---------|------|
| | Calculation Formula | 1000 | 10,000 | 100,000 | Million | 3000 |
| Cost/# of Units | (Fixed Costs) + (Variable Costs x 1000) = | | | | | |
| Unit Cost | [(Fixed Costs) + (Variable Costs x 1000)]/1000 = | | | | | |

GM, BE, ROI & Projected Profit Sheet

Form 28

PROMOTION:

Date:

| Item # | Description | Formula | Subtotal | Total |
|--|--|-----------------------------|----------|-------|
| Variable Costs (per unit) & Fixed Operating Costs | | | | |
| 1 | Selling Price of Product or Service (do not include sales tax) | | | |
| 2 | ADD Other Charges (postage & handling etc.) | | | |
| 3 | TOTAL PRICE OF PRODUCT OR SERVICE | 1 + 2 | | |
| 4 | Owner's Cost of Product or Service | | | |
| 5 | Handling Expense & Order Processing | | | |
| 6 | Package Expenses (mailing carton, tape, etc.) | | | |
| 7 | Shipping (postage or UPS charges) | | | |
| 8 | <i>Premium</i> Costs Including Handling (if premium offered) | | | |
| 9 | Special Business Sales, Hidden or Use Tax, if any | 3 x () % | | |
| 10 | TOTAL COSTS OF FILLING THE ORDER | add 4 TO 9 | | |
| 11 | Estimated % of Returns (expressed as a decimal) | | | |
| 12 | Postage & Handling of Returns | 5 + 7 | | |
| 13 | Refurbishing Returned Merchandise | 10% of 3 | | |
| 14 | Total Costs of Handling Returns | 12 +13 | | |
| 15 | CHARGEABLE COSTS OF HANDLING RETURNS | 11 x 13 | | |
| 16 | Estimated % of bad debts (expressed as a decimal) | | | |
| 17 | CHARGEABLE COSTS OF BAD DEBTS | 3 x 16 | | |
| 18 | Estimated % of Sales via Credit Cards (as a decimal) | | | |
| 19 | Credit Card Processing Charge | () % OF 3 | | |
| 20 | CHARGEABLE COST OF CREDIT | 18 x 19 | | |
| 21 | ADMINISTRATIVE OVERHEAD PER UNIT | | | |
| 22 | OTHER COSTS PER UNIT | | | |
| 23 | TOTAL VARIABLE COSTS | 10 + 15 + 17 + 20 + 21 + 22 | | |
| 24 | Unit Profit After Variable Costs | 3 - 23 | | |
| 25 | % of Final Sales (expressed as a decimal) | 1.0 - (11) | | |
| 26 | Net Unit Profit | 24 x 25 | | |
| 27 | Credit for Returned Merchandise | 4 x 11 | | |
| 28 | GROSS MARGIN (NET PROFIT PER ORDER) | 26 + 27 | \$ | |
| 29 | TOTAL FIXED OPERATING COSTS (Mailing, Advertising etc.) | | \$ | |
| Profit Calculations | | | | |
| 30 | NUMBER OF ORDERS TO BREAK EVEN | 29 / 28 | | |
| 31 | NUMBER OF ORDERS TO OBTAIN 50% ROI | 1.5 x 30 | | |
| 32 | NUMBER OF ORDERS TO OBTAIN 100% ROI | 2.0 x 30 | | |
| 33 | PROJECTED PROFIT IF ? # OF ORDERS RECEIVED | (# of orders x 28) - (29) | | \$ |
| 34 | PROJECTED PROFIT IF ? # OF ORDERS RECEIVED | (# of orders x 28) - (29) | | \$ |

COMMENTS : _____

Newspaper & Magazine Ad REcord

Form 32

Promotional Medium:

Date:

| | | | | | |
|---------|--|-----------------|--------|---------------|----------------|
| Address | | Ad Rates | Market | | |
| Phone | | Display | | NOTES: | |
| | | Display Class. | | Circ. | M Freq. |
| Fax | | Classified | | Cash Disc. | Agency Disc. % |
| Ad Rep. | | Full Page | | Deadlines | |

| | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| P | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 | 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 | 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 257 | 258 | 259 | 260 | 261 | 262 | 263 | 264 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | 273 | 274 | 275 | 276 | 277 | 278 | 279 | 280 | 281 | 282 | 283 | 284 | 285 | 286 | 287 | 288 | 289 | 290 | 291 | 292 | 293 | 294 | 295 | 296 | 297 | 298 | 299 | 300 | 301 | 302 | 303 | 304 | 305 | 306 | 307 | 308 | 309 | 310 | 311 | 312 | 313 | 314 | 315 | 316 | 317 | 318 | 319 | 320 | 321 | 322 | 323 | 324 | 325 | 326 | 327 | 328 | 329 | 330 | 331 | 332 | 333 | 334 | 335 | 336 | 337 | 338 | 339 | 340 | 341 | 342 | 343 | 344 | 345 | 346 | 347 | 348 | 349 | 350 | 351 | 352 | 353 | 354 | 355 | 356 | 357 | 358 | 359 | 360 | 361 | 362 | 363 | 364 | 365 | 366 | 367 | 368 | 369 | 370 | 371 | 372 | 373 | 374 | 375 | 376 | 377 | 378 | 379 | 380 | 381 | 382 | 383 | 384 | 385 | 386 | 387 | 388 | 389 | 390 | 391 | 392 | 393 | 394 | 395 | 396 | 397 | 398 | 399 | 400 | 401 | 402 | 403 | 404 | 405 | 406 | 407 | 408 | 409 | 410 | 411 | 412 | 413 | 414 | 415 | 416 | 417 | 418 | 419 | 420 | 421 | 422 | 423 | 424 | 425 | 426 | 427 | 428 | 429 | 430 | 431 | 432 | 433 | 434 | 435 | 436 | 437 | 438 | 439 | 440 | 441 | 442 | 443 | 444 | 445 | 446 | 447 | 448 | 449 | 450 | 451 | 452 | 453 | 454 | 455 | 456 | 457 | 458 | 459 | 460 | 461 | 462 | 463 | 464 | 465 | 466 | 467 | 468 | 469 | 470 | 471 | 472 | 473 | 474 | 475 | 476 | 477 | 478 | 479 | 480 | 481 | 482 | 483 | 484 | 485 | 486 | 487 | 488 | 489 | 490 | 491 | 492 | 493 | 494 | 495 | 496 | 497 | 498 | 499 | 500 | 501 | 502 | 503 | 504 | 505 | 506 | 507 | 508 | 509 | 510 | 511 | 512 | 513 | 514 | 515 | 516 | 517 | 518 | 519 | 520 | 521 | 522 | 523 | 524 | 525 | 526 | 527 | 528 | 529 | 530 | 531 | 532 | 533 | 534 | 535 | 536 | 537 | 538 | 539 | 540 | 541 | 542 | 543 | 544 | 545 | 546 | 547 | 548 | 549 | 550 | 551 | 552 | 553 | 554 | 555 | 556 | 557 | 558 | 559 | 560 | 561 | 562 | 563 | 564 | 565 | 566 | 567 | 568 | 569 | 570 | 571 | 572 | 573 | 574 | 575 | 576 | 577 | 578 | 579 | 580 | 581 | 582 | 583 | 584 | 585 | 586 | 587 | 588 | 589 | 590 | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | 599 | 600 | 601 | 602 | 603 | 604 | 605 | 606 | 607 | 608 | 609 | 610 | 611 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Item & Media Effectiveness Record

Form 33

| Start Date | ITEM | MEDIA | <input type="checkbox"/> | Total Responses | Cost Re-sponse | % of Total Responses | Cost Line | Ad Cost Total Sales |
|--------------------|-------------------|-------|--------------------------|-----------------|----------------|----------------------|--------------------------|----------------------|
| End Date | # of Times Ad Ran | GM | | CPM | Cost Order | % of Total Orders | \$ () Lines Circulation | Profit Investment \$ |
| | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 1 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 2 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 3 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 4 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 5 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 6 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |
| 7 Comments: | | | | | | | \$ | \$ |
| | | | | | \$ | % | \$ | \$ |
| | | | | \$ | | | \$ | \$ |
| | | | | M \$ | \$ | % | M \$ | \$ % |

Purchase Order

Form 36

This number must appear on all related
correspondance, shipping papers and invoices

| | |
|---------------|--|
| P.O. # | |
| Date | |
| Attention | |

| | | | |
|------------|----------------------|------------|-----------------|
| | ORDERED FROM: | | SHIP TO: |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone/Fax: | | Phone/Fax: | |

Please notify us immediately if you are unable to ship complete order by date specified

| Please Deliver By | Account Number | Purchasing Agent | Ship Via | F.O.B. Point | Terms Requested | |
|-------------------|----------------|----------------------------------|----------|--------------|-----------------|-------|
| | | | | | | |
| Quantity | Item # | Please Supply Items Listed Below | | | Unit Price | Total |
| | | | | | | |

| | | | |
|-------------------------------------|---------------------------|-----------------|--|
| <input checked="" type="checkbox"/> | Method of Payment: | | |
| | Charge Card | Subtotal | |
| | Money Order | SalesTax | |
| | COD | Shipping | |
| | Cash | TOTAL \$ | |
| | Acct. FWD | | |
| | Check | | |
| | Credit Card #: _____ | | |
| | Expiration Date: _____ | | |
| | Name on Card: _____ | | |
| | Check Paid to: _____ | | |

| | |
|--|---|
| Please supply the above mentioned goods subject to the conditions specified. | Acknowledge receipt of this order specifying prices and a definite shipping date. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above. Make no substitutions or changes without authority from us. Please send ____ copies of your invoice. Deliver no goods without a copy of this purchase order. We reserve the right to cancel this order if shipment is not made as promised Send all correspondence to: |
|--|---|

| | |
|--------------|-----------------------|
| Date: | Authorized By: |
|--------------|-----------------------|

Sales Order

Form 37

| | |
|----------------|--|
| ORDER # | |
| Date | |
| Department | |

| | | | |
|-------------------------------------|-----------------|-------------------------------------|-----------------|
| Name: Address: Phone/Fax: | SOLD TO: | Name: Address: Phone/Fax: | SHIP TO: |
|-------------------------------------|-----------------|-------------------------------------|-----------------|

| | | | | | |
|-----------------------------|-------------|---------------|----------|-------------|-------|
| Our Tax Registration Number | Salesperson | Shipping Date | Ship VIA | F.O.B Point | Terms |
| | | | | | |

| Quantity | Item # | Description | Unit Price | Total |
|----------|--------|-------------|------------|-------|
| | | | | |

| | | | |
|-------------------------------------|---------------------------|------------------------|-----------------|
| <input checked="" type="checkbox"/> | Method of Payment: | | Subtotal |
| <input type="checkbox"/> | Charge Card | | |
| <input type="checkbox"/> | Money Order | Credit Card #: _____ | SalesTax |
| <input type="checkbox"/> | COD | Expiration Date: _____ | |
| <input type="checkbox"/> | Cash | Name on Card: _____ | Shipping |
| <input type="checkbox"/> | Acct. FWD | Check Paid to: _____ | |
| <input type="checkbox"/> | Check | | TOTAL \$ |

| | |
|--------------|-----------------------------|
| Date: | Customer's Signature |
|--------------|-----------------------------|

Invoice

Form 38

| | |
|------------------|--|
| INVOICE # | |
| Date | |
| Your P.O. # | |

| | | | |
|------------|-----------------|------------|-----------------|
| | SOLD TO: | | SHIP TO: |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone/Fax: | | Phone/Fax: | |

PLEASE PAY THIS INVOICE

| | | | | | |
|------------------------------------|--------------------|---------------------|--------------------|--------------------|----------------------|
| Our Tax Registration Number | Salesperson | Date Shipped | Shipped VIA | F.O.B Point | Terms Offered |
| | | | | | |

| Quantity | Item # | Description | Unit Price | Total |
|----------|--------|-------------|------------|-------|
| | | | | |

| | | |
|--|------------------|-----------|
| NOTES: | Subtotal | |
| Make all checks payable to: _____ | Sales Tax | |
| If you have any questions concerning this invoice, call: _____ | Shipping | |
| | Other | |
| THANK YOU FOR YOUR ORDER ➡ | TOTAL | \$ |

Return Authorization Form

Form 39

| | |
|---------------|--|
| R.A. # | |
| Date | |
| Department | |

| | | | |
|------------|-----------------|------------|---------------------|
| | SOLD TO: | | RETURNED TO: |
| Name: | | Name: | |
| Address: | | Address: | |
| Phone/Fax: | | Phone/Fax: | |

| Our Invoice # | Your P.O. # | Our Invoice Date | Date Returned Goods Received | OTHER | Terms |
|---------------|-------------|------------------|------------------------------|-------|-------|
| | | | | | |

| Quantity Ordered | Item # | Description | Number Returned | Unit Price | Total |
|------------------|--------|-------------|-----------------|------------|-------|
| | | | | | |

| | | | |
|-------------------------------------|---------------------------|------------------|---|
| <input checked="" type="checkbox"/> | Reason for Return: | | |
| <input type="checkbox"/> | Overstock | COMMENTS: | CREDIT ISSUED FOR <hr/> NO CREDIT WILL BE ISSUED (circle if applicable) |
| <input type="checkbox"/> | Order was cancelled | | |
| <input type="checkbox"/> | Order duplicated | | |
| <input type="checkbox"/> | Arrived too late | | |
| <input type="checkbox"/> | Damaged | | |
| <input type="checkbox"/> | Error on Invoice | | |
| <input type="checkbox"/> | Wrong Item | | |
| <input type="checkbox"/> | Other: | | |
| | | Subtotal | |
| | | Sales Tax | |
| | | Restocking Fee | |
| | | Other | |
| | | TOTAL \$ | |

| | |
|--------------|-----------------------|
| Date: | Authorized By: |
|--------------|-----------------------|