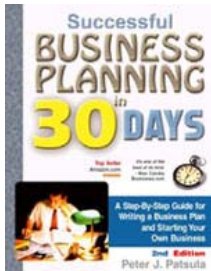


The **ENTREPRENEUR'S** Guidebook Series™

Next
Page

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Amazon.com
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- Alan Caruba
Bookviews.com

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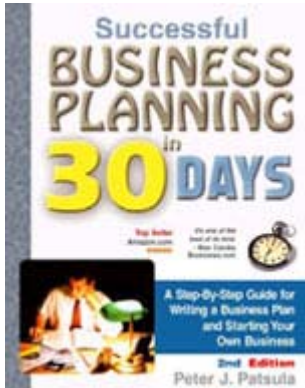


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[Amazon.com review](#)

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

This book has helped me a great deal in thinking about my business

- **Jason Myers**, TX
[Amazon.com review](#)



PERSONAL PLANNING

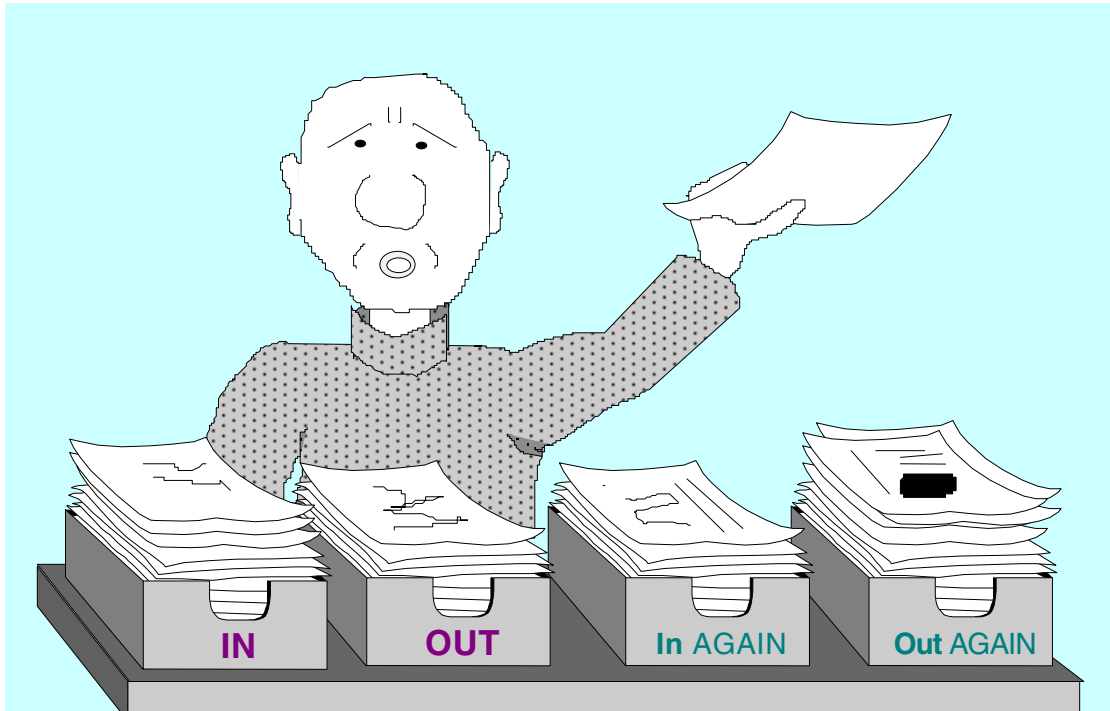
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DESIGNING A CUSTOMIZED BUSINESS PLANNER

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 simply 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"/>	
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Notes:

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

Notes:

				<input type="checkbox"/>	
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Notes:

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Notes:

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Notes:

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Notes:

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Notes:

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Notes:

				<input type="checkbox"/>	
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Notes:

				<input type="checkbox"/>	
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Notes:

				<input type="checkbox"/>	
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Notes:

				<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: 100%;" type="text"/>	Credit Cards <input style="width: 100%;" type="text"/>
Checking Accounts <input style="width: 100%;" type="text"/>	Income Taxes <input style="width: 100%;" type="text"/>
Saving Accounts <input style="width: 100%;" type="text"/>	Insurance Premiums <input style="width: 100%;" type="text"/>
Money Owed to You <input style="width: 100%;" type="text"/>	Other Unpaid Bills <input style="width: 100%;" type="text"/>
Investments	Installment Loans
Mutual Funds <input style="width: 100%;" type="text"/>	Automobile <input style="width: 100%;" type="text"/>
Stocks & Bonds <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>
Savings Bonds <input style="width: 100%;" type="text"/>	Long Term Loans
Other <input style="width: 100%;" type="text"/>	Bank <input style="width: 100%;" type="text"/>
Annuities <input style="width: 100%;" type="text"/>	Education <input style="width: 100%;" type="text"/>
Life Insurance <input style="width: 100%;" type="text"/>	Home Equity <input style="width: 100%;" type="text"/>
Pension Fund <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>
Retirement Plans <input style="width: 100%;" type="text"/>	Real Estate Loans
Personal Property	Home <input style="width: 100%;" type="text"/>
Real Estate <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>
Furniture/Antiques <input style="width: 100%;" type="text"/>	Other Liabilities
Art/Jewelry <input style="width: 100%;" type="text"/>	Alimony Payments <input style="width: 100%;" type="text"/>
Vehicles <input style="width: 100%;" type="text"/>	Accounts Payable <input style="width: 100%;" type="text"/>
Other Assets	Notes Payable <input style="width: 100%;" type="text"/>
Accounts & Notes <input style="width: 100%;" type="text"/>	Contracts Payable <input style="width: 100%;" type="text"/>
A. _____ <input style="width: 100%;" type="text"/>	A. _____ <input style="width: 100%;" type="text"/>
B. _____ <input style="width: 100%;" type="text"/>	B. _____ <input style="width: 100%;" type="text"/>
C. _____ <input style="width: 100%;" type="text"/>	C. _____ <input style="width: 100%;" 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✓
			ACCOU	NT	ACCOU	NT					
1										1	
2										2	
3										3	
4										4	
5										5	
6										6	
7										7	
8										8	
9										9	
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34										34	
35										35	
36										36	
37										37	
38										38	
39										39	
40										40	

DEBIT CREDIT

General Ledger

Form 13

	Account Name and No.		P/R	☞ IN	☜ OUT	BAL		
	DATE							
	DESCRIPTIONS							
1							1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
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30							30	
31							31	
32							32	
33							33	
34							34	
35							35	
36							36	
37							37	
38							38	
39							39	
40							40	
				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	
1																
2																
3																
4																
5																
6																
7																
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ASSET (DEBIT) ACCOUNTS

Synoptic Ledger

Form 16

<i>Expense Accounts</i>							<i>Revenue Accounts</i>				<i>Liability Accounts</i>				<i>Owner's Equity</i>			
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		
																		1
																		2
																		3
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																		49
																		50

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
1							
2							
3							
4							
5							
6							
7							
8							
8							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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	✓
1									
2									
3									
4									
5									
5									
6									
7									
8									
10									
12									
12									
13									
14									
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26									
27									
28									
29									
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: _____

Product Costs Sheet

Form 25

Product Costs Sheet FOR:

DATE:

Product:	# Units:	MATERIALS	
Material Description	Quantity	Cost/Unit	Total
ADD Total Inbound Freight Costs			
A) TOTAL For Materials			\$

Activity Description	Hours/Unit	Rate	/ Unit	Total
Assembling Product				
Finishing Product				
ADD Total Tooling Costs				
ADD Total Set-up Charges				
B) TOTAL For Labour				\$

ADDITIONAL COSTS			
Packaging Description:	Quantity	Cost/Unit	Total
Packaging Materials			
ADD Packaging Set-up Charges			
ADD Packaging Tooling Costs			
ADD Packaging Inbound Freight Costs			
ADD Packaging Labour Costs			
TOTAL Packaging Costs			\$
ADD Royalty Payments to Inventor(s)			
ADD Plant Overhead (if only product)			
ADD Other Miscellaneous Costs			
ADD			
C) TOTAL For Additional Costs			\$
TOTAL Product Costs (A + B + C)			\$
# of UNITS			
COST / UNIT			\$

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		6 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 Car-tons	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	Promotion	Key	Ad #	Size	GM	RE	COP/	1st	# of times	NOTES					
							Type of Ad	Position	Page	Cost	Total	Insert	1st	Comments							
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		
										\$	\$										T
<i>Total Sales:</i>																\$			%		

	\$	\$	
Total Responses	Total Sales	Profit	Notes

Item & Media Effectiveness Record

Form 33

Start Date	ITEM	MEDIA	<input type="checkbox"/>		Total Responses Total Orders	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:								

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:		Subtotal
	Charge Card		SalesTax
	Money Order	Credit Card #: _____	
	COD	Expiration Date: _____	Shipping
	Cash	Name on Card: _____	
	Acct. FWD	Check Paid to: _____	TOTAL \$
	Check		

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:
--------------	-----------------------

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:
--------------	-----------------------