Franchise Number:

Franchise Owner:

Month/Year:

Monthly Recap Report

	Interior	Paint	PDR	UPH	Wheel	Total
In the boxes above, enter the number of technicians, for this franchise, who currently offer the service.						
	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$
Associate Name	$	$	$	$	$	$

Job Summary

# of National Account Jobs _____

# of Vinyl Siding Jobs _____

Total Sales	$
Less Sales Tax	$
Less Upholstery	$
Net Sales	$
Franchise Fee	$
Advertising Fee	$
Total Royalties	$

Note: When sending a check, please include the franchise number and payment type.

F - Franchise Fee **A** - Advertising Fee **P** - Parts (Statement, Materials) **N** - Note (Loan)