STATEMENT OF REVENUE AND EXPENSE

Name of Organization:		
FINANCIAL STATEMENT FOR: Start date:	**End date:**	
INCOME SOURCES	**AMOUNT**	**NOTES**
Donations	$	
Grants	$	
Fees for Service	$	
Reimbursements	$	
Sale of Goods	$	
Other (define)	$	
Other (define)	$	
Other (define)	$	
Other (define)	$	
TOTAL INCOME	**$**	
EXPENSES	**AMOUNT**	**NOTES**
Wages	$	
Benefits	$	
Occupancy (rent/utilities/etc.)	$	
Supplies	$	
Marketing	$	
Cost of Goods	$	
Technology	$	
Professional Services	$	
Other (define)	$	
Other (define)	$	
Other (define)	$	
Other (define)	$	
Other (define)	$	
TOTAL EXPENSES	**$**	
NET INCOME	**AMOUNT**	
(INCOME minus EXPENSES)	**$**	*(this can be a positive or negative number)*