

MONTHLY REPORT OF GROSS REVENUES

MONTH OF: _____ YEAR 20 _____
(Due by the 10th day of the following month)

Email to: MoGarcia@miami-airport.com
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To: Miami-Dade Aviation Department
P.O. Box 526624
Miami, Florida 33152-6624
Attn: Finance Division

From: _____ (Company)
_____ (address)
_____ (city,state zip code)

Lease/Permit No.: _____

Monthly Gross Revenue:

List of Customers

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____

- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____
- \$ _____

**Attach List for Additional Customers*

Monthly Gross Revenue Before Exclusions:

\$ _____

Less: Exclusions from Gross Revenue:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

- \$ _____
- \$ _____
- \$ _____
- \$ _____

Total Excluded from Gross Revenue:

\$ _____

Total Gross Revenue After Exclusions:

\$ _____

Computation of % Fee Due:

30% of Monthly Gross Revenues:

\$ _____

Less: Monthly Rental (if applicable)

\$ _____

% Fee Due In Excess of Monthly Rental

\$ _____

Payment included in Check No.: _____ Amount Paid: _____ Dated: _____

I hereby certify that the above statement is true and correct

Print Name

Signature

Title

Date

* The Department reserves the right to modify this form at any time.