

MONTHLY REPORT OF GROSS REVENUES

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

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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:**

**7% 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.