

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

Identify below, if Gross Revenues are Reported for Aircraft Defueling Services and/or GSE Fueling:

Aircraft Defueling Operations: _____ **Fueling Services of Ground Equipment (GSE):** _____

To: Miami-Dade Aviation Department
P.O. Box 526624
Miami, Florida 33152-6624
Attn: Finance Division

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

Permit No.: _____

EMAIL TO THE FOLLOWING:
MoGarcia@miami-airport.com
bbradley@miami-airport.com
mzuberi-riaz@miami-airport.com

Monthly Gross Revenue:

GROSS SALES

GROSS SALES

TOTAL

List of Customers

**Aircraft Defueling
Operations:**

**Fueling Services
of Ground Equipment
(GSE):**

**TOTAL GROSS
SALES**

- (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: \$ _____

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

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

I hereby certify that the above statement is true and cor

_____ **Print Name**

_____ **Signature**

_____ **Title**

_____ **Date**

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