

MONTHLY REPORT OF GROSS REVENUES

MONTH OF: _____ YEAR 20 _____

(Due by the 10th day of the following month)

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

From:

EMAIL TO:

PLAZIER@MIAMI-AIRPORT.COM

LSUGG@MIAMI-AIRPORT.COM

Monthly Gross Revenue:

List of Customers

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

**Attach List for Additional Customers*

Lease/Permit No.: _____

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

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.