



DIVISION OF BLIND SERVICES
 Florida Department of Education | dbs.fldoe.org

Note: use the Tab key to navigate this form.

FACILITY VENDOR'S MONTHLY BUSINESS REPORT

PART I

1. Facility Number (3 digit number)	2. Report Month -Year	3. Date
4. Printed Vendor's Name	5. Business Name	
6. Federal Employer ID Number	7. Vendor's Address	
I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.	8. Vendor's Signature _____	
9. Printed Preparer's Name	10. Preparer's Signature _____	

**THIS REPORT IS TO BE RECEIVED NO LATER THAN
THE LAST CALENDAR DAY OF THE FOLLOWING MONTH.
Copies are acceptable but must have original signature.**

Mail To: Department of Education
 Division of Blind Services
 Bureau of Business Enterprise
 Turlington Bldg., Suite 1114
 325 West Gaines Street
 Tallahassee, FL 32399-0400

Part II

Computation of Net Income for Set Aside Levy

1. Vending Drink Sales (less sales tax)		
2. Vending Snack Sales (less sales tax)		
3. Over the Counter Sales (less sales tax)		
4. Total Sales (Line 1 + 2 + 3)	\$ -	\$ -
5. Sales Tax Collected		
6. Cost of Goods Sold:		
a. Beginning Merchandise Inventory Value		
b. Purchase of Merchandise		
c. Ending Merchandise Inventory Value		
7. TOTAL COST OF GOODS SOLD (Line 6a + 6b - 6c)	-	-
8. GROSS PROFIT FROM SALES (Line 4 minus 7)	-	-
9. Employee Gross wages (do not include vendor)		
10. Employee Payroll Taxes (employer's half only)		
11. TOTAL LABOR COST (Line 9 + 10)	-	-
12. Approved Business Expenses:		
a. General Liability Insurance		
b. Workers Compensation Insurance		
c. Commercial Vehicle Insurance		
d. Business Licenses (Federal, State, County, Muni.)		
e. Commission/Rent Paid to the Facility		
f. Utility Fees		
g. Equipment Fees		
h. Storage Space Rental		
i. Pest Control		
j. Other Approved Business Expenses		

13. TOTAL BUSINESS EXPENSES (add 12a through 12j)	-	-
14. NET PROFIT FROM FACILITY (Line 8 minus 11 & 13)	-	-
15. Total of Full Service Vending or Other Income		
16. NET PROFIT (Line 14 +15)	\$ -	\$ -
17. SET-ASIDE LEVY (Line 16 x current set-aside %)	\$ -	\$ -

* **NOTE:** If Line 16 is greater than \$0, please prepare a business check, cashier's check, or money order for that amount made payable to the **DIVISION OF BLIND SERVICES**. The check must be attached to the monthly report.