

_____ **Agency Cash Flow: 20**__
*January 1, 20*__ *through* _____, 20__

Commission Revenues	<u>20</u>
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Total Revenues

Expenses:

Advertising	
Insurance/Employee Benefits	
Legal and Accounting	
Office Supplies/Printing/Postage	
Office Rent	
Salary Owner	
Staff Wages	
Payroll Tax	
Utilities/Telephone	
Misc	

Total Expenses

Net Income

Printed Name

Date

Signature