

MONTHLY OPERATING STATEMENT

ENTITY NAME:	ADDRESS:	
FROM (DATE):	COUNTY:	ZIP:
TO (DATE):	PHONE:	FAX:

Operating Revenue:

Water Revenue	\$ _____
Sewer Revenue	_____
Water Tap Fee	_____
Sewer Tap Fee	_____
Connection Fee	_____
Late Charges	_____
_____	_____
_____	_____

A. TOTAL OPERATING REVENUE

\$ _____

Operating Expenses:

Salaries and Wages	\$ _____
Utilities	_____
Water Purchased	_____
Office Repairs and Maintenance	_____
System Repairs and Maintenance	_____
Office Supplies	_____
Operating Supplies	_____
Automotive Expenses	_____
Postage and Freight	_____
Legal and Audit	_____
Insurance and Bonds	_____
Payroll Taxes	_____
Telephone	_____
Trustee Bank Fees	_____
_____	_____
_____	_____

B. TOTAL OPERATING EXPENSES

\$ _____

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C. NET OPERATING INCOME (LOSS) \$ _____
(Line A less Line B from previous page)

Non-operating Income:

Interest Income \$ _____

Sales Tax _____

D. TOTAL NON-OPERATING INCOME \$ _____

E. NET INCOME (LOSS) \$ _____
(Add lines C & D)

Monthly Debt Payments:

Oklahoma Water Resources Board _____

F. TOTAL MONTHLY DEBT PAYMENTS \$ _____