

**ATTACHMENT J-5
CS2-SB MONTHLY REVENUE REPORT FORMAT**

Contractor Name

**GSA Contract Number: GSxxxxxxxxxxxxx
CS2-SB Monthly Revenue Report
Reporting Period: Month 1, 20xx - Month xx, 20xx**

1	Date Payment Received	Agency Name/ Ordering Activity	Description of Services	Task Order Number	Total Value (Dollar Amount) of Order	Amount Received	GSA Management Fee Collected (2%)	GSA Management Fee Remitted	Remaining Balance of Un-remitted GSA Management Fee
1									
2									
3									
4									
5									
6									
7									
8									
9									
				TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

EFT Number: _____ **Amount:** _____

EFT Number: _____ **Amount:** _____

(END OF ATTACHMENT J-5)