

**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**

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								
			<b>TOTALS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**EFT Number:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**EFT Number:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

(END OF ATTACHMENT J-5)