Office of Integrated Technology Services (ITS)



CS3 RFP (Solicitation # QTA0015SDA4003)

### **ATTACHMENT J-6 CS3 Monthly Revenue Report**

## **CS3 Monthly Revenue Report**

Reporting Period - Identify the current Reporting Period (e.g., October 1, 20XX

**Conntractor Name** – Your Company Name

Contract Number – Your CS3 Contract Number

**Task Order Number** – The order number "assigned" by the Ordering Agency.

Date Received Payment - Date the payment is received by the vendor from the

Invoice Number - Tracking number of the invoice

Agency Name - Name of Agency

**Amount Received from Agency** - Total dollar amount received in payment to the Contractor from the Agency receiving the products and services.

GSA Management Fee Due (2%) - This fee is 2% of the total payment amount

**Previous Monthly Balance** - Amount management fees the Contractor owes

**Current Monthly Amount Remitted to GSA** - GSA Management fee amount that the Contractor submitted to GSA for the current month's reporting period.

Management fee due for the current month plus the previous month's balance minus the amount submitted to GSA for the current month.

(EFT). If more than one EFT payment is submitted for the reporting period, the Contractor shall identify all EFT Numbers and Amounts for the reporting period. The total EFT Amount(s) shall total the "Current Monthly Amount Remitted to

EFT Date - Enter the date of the EFT payment

**EFT Amount** - Enter the amount of the EFT payment

#### **CS3 Monthly Revenue Report**

Reporting Period: October 01, 2017 to October 31, 2017

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             |                                   |
|                 |                    |                      |                       | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: November 01, 2017 to November 30, 2017

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             |                                   |
|                 |                    |                      |                       | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: December 01, 2017 to December 31, 2017

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             |                                   |
|                 |                    |                      |                       |                | TOTALS      | \$ -                        | \$ -                              |

# SECTION J, Attachment J-6 (CS3 RFP: Solicitation #: QTA0015SDA4003) CS3 Monthly Revenue Report

Reporting Period: January 01, 2018 to January 31, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$                                |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$                                |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             |                                   |
|                 |                    |                      |                       |                | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: February 01, 2018 to February 28, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             |                                   |
|                 |                    |                      |                       |                | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: March 01, 2018 to March 31, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received<br>Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|--------------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
| ·               |                    |                      |                          |                |             |                             | \$ -                              |
| ·               |                    |                      |                          |                |             |                             | \$ -                              |
| ·               |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             |                                   |
| •               |                    | •                    |                          |                | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: April 01, 2018 to April 30, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment |   | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|---|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       | · |             |                             | \$ -                              |
|                 |                    |                      |                       | · |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             |                                   |
|                 |                    |                      |                       |   | TOTALS      | \$ -                        | \$ -                              |

# CS3 Monthly Revenue Report

| Reporting Period | : May 01 | , 2018 to M | ay 31, 2018 |
|------------------|----------|-------------|-------------|
|------------------|----------|-------------|-------------|

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received<br>Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|--------------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$                                |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             |                             | \$ -                              |
|                 |                    |                      |                          |                |             | _                           |                                   |
|                 |                    | •                    |                          |                | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: June 01, 2018 to June 30, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Invoice Number | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|----------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             | \$ -                              |
|                 |                    |                      |                       |                |             |                             |                                   |
|                 |                    |                      |                       |                | TOTALS      | \$ -                        | \$ -                              |

# SECTION J, Attachment J-6 (CS3 RFP: Solicitation #: QTA0015SDA4003) CS3 Monthly Revenue Report

Reporting Period: July 01, 2018 to July 31, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment |   | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|---|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       | - |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             |                                   |
|                 |                    |                      |                       |   | TOTALS      | \$ -                        | \$ -                              |

#### **CS3 Monthly Revenue Report**

Reporting Period: August 01, 2018 to August 31, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment |   | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|---|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             | \$ -                              |
|                 |                    |                      |                       | - |             |                             | \$ -                              |
|                 |                    |                      |                       |   |             |                             |                                   |
|                 |                    |                      |                       |   | TOTALS      | \$ -                        | \$ -                              |

# SECTION J, Attachment J-6 (CS3 RFP: Solicitation #: QTA0015SDA4003) CS3 Monthly Revenue Report

Reporting Period: September 01, 2018 to September 30, 2018

| Contractor Name | Contract<br>Number | Task Order<br>Number | Date Received Payment | Agency Name | Amount Received from Agency | GSA<br>Management Fee<br>Due (2%) |
|-----------------|--------------------|----------------------|-----------------------|-------------|-----------------------------|-----------------------------------|
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             | \$ -                              |
|                 |                    |                      |                       |             |                             |                                   |
|                 |                    |                      |                       | TOTALS      | \$ -                        | \$ -                              |