

# PROFIT AND LOSS STATEMENT

# DAYCARE



Company Name:

Month/Year:

## REVENUE

Ref.	Income	Category	Number	Monthly Fee	Total
A1					
A2					
A3					
A					TOTAL REVENUE (A1 +A2+A3):

## EXPENSES

Ref.	Expense	Total
B1		
B2		
B3		
B4		
B5		
B6		
B7		
B8		
B9		
B10		
B11		
B12		
B13		
B		TOTAL EXPENSES (SUM B1 to B13):

**NET INCOME:**

(B-C)

