CASH FLOW PROJEC															
	START-UP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
PERATING DATA															
Quantity of product sold		1													
		+													
Average price of product															
EVENUE															
Sale of goods/services															
Collection of Accounts															
Other Revenue sources															
Loans / other cash injected															
OTAL REVENUE		0	0	0	0	0	0	0		0	0	0	0		
O IAL NEVEROL		, , ,						1	0		0				
OST OF SALES									11-						
Merchandise Cost		1				•									
Receiving cost															
Production and Packaging cost						62									
Sales and Commission cost				l						l					
Distribution and Shipping cost		1		_ 1											
Distribution and Shipping cost															
OTAL COST OF SALES	Svie	0			0	0	0	0	0	0	0	0	0		
XPENSES PAID OUT		_ £ ¥	, (O),			1 1									
Salary and Wages		<del>-                                    </del>		_		1									
Salary and wages		N													
Payroll Taxes				10											
Accounting / Legal		1	201												
Advertising															
Automobiles and Trave	_														
Insurances		+	_												
liisurances		+													
Loan interest															
Outside Services															
Postage and Printing															
Rent / Lease Expense															
Real Estate Taxes															
Facility Utilities															
		_													
Repairs / Maint.															
Telephone / Fax / pagers															
Supplies - office															
Software															
Memberships															
Subscriptions		1				<b>†</b>						<u> </u>			
Training		1				<del>                                     </del>						-			
		+													
Purchases -other															
Capital purchases - Other															
Other															
Sales Taxes															
Loan Principal repayment		1													
TOTAL EXPENSES	C	0	0	0	0	0	0	0	0	0	0	0	0		
IOIAL EXPENSES		, 0	0	U	0	0	U	0	U	U	0	0	0		
NET INCOME	0	) 0	0	0	0	0	0	0	0	0	0	0	0		
ALT INCOME		1	1	0	U	1	0	0	0	0	0	1	0		
ccumulated Profits / Loss	c	0	0	0	0	0	0	0	0	0	0	0	0		
VING EXPENSES REQUIRED	(Optional)		-									-			
Income Taxes		1				1						1			
Health Insurance		1		1		1	1			1					
Other needs															
Income Needed	l c	0	0	l 0	0	0	l 0	0	0	l 0	0	0	0		