



Quarterly Royalty Report

Page 1 of ____

1 LICENSEE:

Company / Licensee

2 PREPARED BY:

Name (please print or type)

Title

Phone

Email

Signature (required)

Preparation Date

3 QUARTER: Please check the appropriate box.

☐ 1st Qtr. (July 1 thru Sept. 30; **Royalties Due: Oct. 30***)

☐ 3rd Qtr. (Jan. 1 thru March 31; **Royalties Due: April 30***)

☐ 2nd Qtr. (Oct. 1 thru Dec. 31; **Royalties Due: Jan. 30***)

☐ 4th Qtr. (April 1 thru June 30; **Royalties Due: July 30***)

Year

4 ORGANIZATION: Please provide a SEPARATE report and documentation for EACH organization, but feel free to put all royalties on one check.

- | | | | | | | | | |
|-------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> AXΩ | <input type="checkbox"/> AOP | <input type="checkbox"/> XΩ | <input type="checkbox"/> ΔΣΦ | <input type="checkbox"/> KKG | <input type="checkbox"/> ΦΔE | <input type="checkbox"/> ΦΣΣ | <input type="checkbox"/> ΣX | <input type="checkbox"/> TBΣ |
| <input type="checkbox"/> AΔΠ | <input type="checkbox"/> AΦ | <input type="checkbox"/> XΦ | <input type="checkbox"/> ΔTA | <input type="checkbox"/> KKP | <input type="checkbox"/> ΦΔΘ | <input type="checkbox"/> ΠAΦ | <input type="checkbox"/> ΣAT | <input type="checkbox"/> TKE |
| <input type="checkbox"/> AEΦ | <input type="checkbox"/> AΦΩ | <input type="checkbox"/> XΨ | <input type="checkbox"/> ΔY | <input type="checkbox"/> KΦA | <input type="checkbox"/> FIJI | <input type="checkbox"/> ΠBΦ | <input type="checkbox"/> ΣK | <input type="checkbox"/> ΘX |
| <input type="checkbox"/> AEΠ | <input type="checkbox"/> AΣA | <input type="checkbox"/> ΔX | <input type="checkbox"/> ΔZ | <input type="checkbox"/> KΣ | <input type="checkbox"/> ΦKΨ | <input type="checkbox"/> ΠKA | <input type="checkbox"/> ΣAB | <input type="checkbox"/> ΘΦA |
| <input type="checkbox"/> AΓA | <input type="checkbox"/> AΣΦ | <input type="checkbox"/> ΔΔA | <input type="checkbox"/> ΓΦB | <input type="checkbox"/> ΛXA | <input type="checkbox"/> ΦKΣ | <input type="checkbox"/> ΠΣE | <input type="checkbox"/> ΣN | <input type="checkbox"/> ΘT |
| <input type="checkbox"/> AΓP | <input type="checkbox"/> AΣT | <input type="checkbox"/> ΔΓ | <input type="checkbox"/> KA | <input type="checkbox"/> NPC | <input type="checkbox"/> ΦKT | <input type="checkbox"/> ΨY | <input type="checkbox"/> ΣΦE | <input type="checkbox"/> ΘE |
| <input type="checkbox"/> αKAΦ | <input type="checkbox"/> ATΩ | <input type="checkbox"/> ΔKE | <input type="checkbox"/> KAΘ | <input type="checkbox"/> NSCS | <input type="checkbox"/> ΦKΘ | <input type="checkbox"/> ΣAE | <input type="checkbox"/> ΣΠ | <input type="checkbox"/> Triangle |
| <input type="checkbox"/> AKA | <input type="checkbox"/> AΞA | <input type="checkbox"/> ΔΦE | <input type="checkbox"/> KA | <input type="checkbox"/> OAK | <input type="checkbox"/> ΦM | <input type="checkbox"/> ΣAI | <input type="checkbox"/> ΣΣΣ | <input type="checkbox"/> ZBT |
| <input type="checkbox"/> AKΨ | <input type="checkbox"/> BΘΠ | <input type="checkbox"/> ΔΦA | <input type="checkbox"/> KAP | <input type="checkbox"/> ΦXΘ | <input type="checkbox"/> ΦΣK | <input type="checkbox"/> ΣAM | <input type="checkbox"/> ΣTT | <input type="checkbox"/> ZTA |

5 PRODUCT SALES & ROYALTIES DUE: If more space is needed, please utilize Page 2

Product Sold To	Payment Date	Invoice No.	Detailed Product Description	Quantity	Price/Unit	Gross Sales (Regular sales price including art or other related fees, less taxes and actual shipping.)
<Customer Last Name/Store/University>	01/01/2012	12345	Bid Day V-Necks	100	\$12.00	\$1,200.00


affinity consultants

SEND CHECK MADE PAYABLE TO:

Affinity Consultants, Inc.
3231-C Business Park Drive #300
Vista, CA 92081

Complete and return ALL pages of this quarterly report no later than thirty (30) days following the end of our fiscal quarter regardless of sales figures (even zero sales).

Checks should be made payable to: "Affinity Consultants, Inc."

* Per agreement, a \$15 surcharge per group will be assessed to each late report.

Sub-Total Gross Sales of Licensed Products (Page 1):	\$
Sub-Total Gross Sales of Licensed Products (Additional Pages):	\$
Less Actual Returns: (If any, include supplemental support)	\$
Total "Net" Gross Sales of Products:	\$
Royalty Percentage:	8.5%
Royalties Subtotal:	\$
Less Advance Royalty Balance:	\$
Royalties Due For This Quarter:	\$
Balance Remaining on Account:	\$



Quarterly Royalty Report – Product Sales Worksheet

Page ____ of ____

Company / Licensee

Year

□ 1st Qtr.

□ 3rd Qtr.

□ 2nd Qtr.

□ 4th Qtr.

Organization / Licensor

Product Sold To	Payment Date	Invoice No.	Detailed Product Description	Quantity	Price/Unit	Gross Sales <small>(Regular sales price including art or other related fees, less taxes and actual shipping.)</small>
<Customer Last Name/Store/University>	01/01/2012	12345	Bid Day V-Necks	100	\$12.00	\$1,200.00

Please add the subtotals from ALL worksheets, and include them in the "Sub-Total Gross Sales of Licensed Products (Additional Pages)" field on Page 1 of this report.

Sub-Total Gross Sales of Licensed Products:	\$
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