



# MONTHLY REPORT OF VENDING INCOME

State Form 29885 (R2 / 6-94) / BVIS 0003  
 Approved by State Board of Accounts 1994

See instructions on back of form.

DIVISION OF DISABILITY, AGING AND REHABILITATIVE SERVICES  
 BLIND AND VISUALLY IMPAIRED SERVICES

The information on this form is **CONFIDENTIAL** per IAC 12-12-5-1.

Name of vendor	Telephone number	Date (month, day, year)
Address (number and street, city, state, ZIP code)		
Reporting period : FROM	Location	Site number
TO		

MACHINE NUMBER	PRODUCT	UNIT PRICE	UNITS SOLD	TOTAL GROSS SALES	LESS SALES TAX PAID	ADJUSTED GROSS SALES	COMMISSION RATE PER CONTRACT	AMOUNT DUE TO STATE OF IN
<b>SNACK</b>	CRACKERS							
	CANDY							
	PASTRIES							
	CHIPS							
	MINTS / GUM							
	COOKIES							
				<b>TOTALS</b>				
<b>COLD DRINK</b>	CANNED POP							
	JUICE							
			<b>TOTALS</b>					
<b>SNACK</b>	CRACKERS							
	CANDY							
	PASTRIES							
	CHIPS							
	MINTS / GUM							
	COOKIES							
				<b>TOTALS</b>				
<b>HOT DRINK</b>	COFFEE							
	CHOCOLATE							
			<b>TOTALS</b>					
<b>COLD DRINK</b>	CANNED POP							
			<b>TOTALS</b>					
<b>COLD DRINK</b>	CANNED POP							
	JUICE							
			<b>TOTALS</b>					
			<b>GRAND TOTALS</b>					

To be submitted with your remittance check on or before the 15th day of each month.

I hereby certify that this information is correct to the best of my knowledge.

Signature of contractor

**MAKE CHECK PAYABLE TO FAMILY AND SOCIAL SERVICES ADMINISTRATION AND MAIL TO:**

FAMILY AND SOCIAL SERVICES ADMINISTRATION /  
 DIVISION OF DISABILITY, AGING AND REHABILITATIVE SERVICES  
 BLIND AND VISUALLY IMPAIRED SERVICES  
 402 West Washington Street, P.O. Box 7083  
 Indianapolis, IN 46207-7083

## INSTRUCTIONS

This reporting form must be completed accurately and submitted with each month's commission check on or before the 15th day of each month. Begin with the columns on the left and move to the right.

**Machine number:** Each machine should have a number affixed to the exterior or frame of the machine. Enter the number of the machine on the line provided.

**Unit Price:** Enter here the selling price of each item vended (*snack machines will have several prices*).

**Units Sold:** Enter the number of units sold.

**Total Gross Sales:** Multiply the number of units sold by the selling prices and enter amount.

**Less Sales Tax Paid:** Enter the amount paid.

**Adjusted Gross Sales:** Enter total of sales less sales tax.

**Commission Rate:** Enter the percentage of commission as written on your contract.

**Amount Due:** Enter the amount due which is the adjusted gross sales multiplied by the commission rate per your contract.

In the bottom right hand corner you will find a line for the total amount due to Blind and Visually Impaired Services.

Please note that a separate report must be submitted for each Rest Area (*each side of the road*). You may submit one check with two (2) reports.

The signature on this report must be the same as the signature on the contract.

Make checks payable to : Family and Social Services Administration / Division of Disability, Aging and Rehabilitative Services.