

Client Financial Implementation Form

★★**Client:** This form **must** be submitted to your Business Development Specialist by the 10th of each month. ★★

For Month/Year: _____

Client Name (please PRINT): _____

Client Case File #: _____ Counselor Name: _____

Client Mailing Address: _____

Client Phone # (include area code): _____

Note: In order for the business to be exceeding expectations, the Variance totals (column C) for Sales, NESE, and Ending Cash Balance should be a positive number. The Expenses Variance total should be a negative number. The Owner's Draw Variance should be "0."

Month	A PROJECTED	B ACTUAL	C VARIANCE (B minus A)	Comments use additional paper if needed
Sales	_____	_____	\$ -	_____
Expenses	_____	_____	\$ -	_____
NESE*	\$ -	\$ -	\$ -	_____
Ending Cash Balance	_____	_____	\$ -	_____
Owner's Draw	_____	_____	\$ -	_____

Y-T-D	A PROJECTED Year-To-Date	B ACTUAL Year-To-Date	C VARIANCE Year-To-Date (B minus A)	Comments use additional paper if needed
Sales	_____	_____	\$ -	_____
Expenses	_____	_____	\$ -	_____
NESE*	\$ -	\$ -	\$ -	_____
Ending Cash Balance	_____	_____	\$ -	_____
Owner's Draw	_____	_____	\$ -	_____

* Net Earnings from Self-Employment

PROGRESS ON LAST MONTH'S ACTION STEPS: space for only 4 lines of text - use additional paper if needed

OTHER POSITIVE OUTCOMES: space for only 4 lines of text - use additional paper if needed

MY MOST PRESSING ISSUES/CONCERNS: space for only 4 lines of text - use additional paper if needed

ACTIONS I WILL TAKE THIS MONTH: space for only 4 lines of text - use additional paper if needed

Client Signature: _____ Date: _____