CHAPTER 11 MONTHLY OPERATING REPORT

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE

Case name: _____

_____

Case No.: _____

Judge: _____

MONTHLY OPERATING REPORT FOR MONTH ENDING _____, 200__

For the period beginning _____ and ending _____ .

This monthly operating report is due to be filed with the court by the 15th day of the following month and includes the following schedules.

	Page	(Please check to indicate attached)
Bank Account Balance.....	2	_____
Assets and Liabilities/ Balance Sheet.....	3, 4	_____
Post Petition Payables.....	5	_____
Profit & Loss/ Income Statement.....	6, 7	_____
Statement of Cash Flow.....	8	_____
Transfer of Property & Insurance coverage.....	9	_____
Detailed Listing of Receipts.....	10, 11	_____
Detailed Listing of Disbursements.....	12-19	_____

I declare under penalty of perjury that this Report and all attachments are true and correct to the best of my knowledge and belief. I also hereby certify that the original Monthly Operating Report was filed with the Bankruptcy Court Clerk.

DEBTOR-IN-POSSESSION

Date: _____

By: _____
(Signature)

Name & Title: _____
(Print or type)

Phone #:_____

Address: _____

_____

Bank Account Balance

For Month Ending: _____

3. Bank Accounts

Account Name	Personal		Operating		Tax		_____		**Grand Total All Accounts**
Bank name	_____		_____		_____		_____		
Account #	_____		_____		_____		_____		
Beginning balance	_____	+	_____	+	_____	+	_____	=	_____
Plus: **Total Receipts** (Attach detailed listing)	_____	+	_____	+	_____	+	_____	=	_____
Less: **Total Disbursements** (Attach detailed listing)	_____	+	_____	+	_____	+	_____	=	_____
Other: Transfers In (Out)	_____		_____		_____		_____		------0------
Ending balance	_____	+	_____	+	_____	+	_____	=	_____

Notes:

Balance Sheet

For Month Ending: _____

	$ AMOUNT
ASSETS	
CURRENT ASSETS	
Cash (Including all accounts, cash on hand, etc.)	_____
Negotiable instruments (i.e. CD's, Treasury bills, stocks, bonds, etc.)	_____
Accounts receivable, net (See OPR-3)	_____
Less allowance for doubtful accounts	_____
Inventory	_____
Other: (List)	_____
_____	_____
_____	_____
_____	_____
TOTAL CURRENT ASSETS	_____
PROPERTY, PLANT, & EQUIPMENT	
Real Property/Real Estate	_____
Buildings	_____
Equipment	_____
Vehicles	_____
_____	_____
Less total accumulated depreciation	_____
NET PROPERTY, PLANT, & EQUIPMENT	_____
OTHER ASSETS	
_____	_____
_____	_____
_____	_____
TOTAL ASSETS	_____

Balance Sheet (continued)

For Month Ending: _____

	$ AMOUNT
LIABILITIES	
TOTAL POST PETITION LIABILITIES (Page 5)	_____
PRE PETITION LIABILITIES	
Secured debt (petition Schedule D)	_____
Priority debt (petition Schedule E)	_____
Unsecured debt (petition Schedule F)	_____
TOTAL PRE PETITION LIABILITIES	_____
TOTAL LIABILITIES	_____
SHAREHOLDERS' EQUITY (DEFICIT)	
PREFERRED STOCK	_____
COMMON STOCK	_____
PAID-IN CAPITAL	_____
RETAINED EARNINGS	
Through filing date	_____
Post filing date	_____
TOTAL SHAREHOLDERS' EQUITY	_____
TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY	_____

Schedule of Post Petition Liabilities/Payables

For Month Ending: _____

	DATE DUE	TOTAL DUE	0-30 DAYS	31-60 DAYS	OVER 60 DAYS
TAXES PAYABLE					
Federal Income Tax					
Payroll Tax					
Unemployment Tax					
Sales Tax					
Personal Property Tax					
TOTAL TAXES PAYABLE					
POST PETITION SECURED DEBT					
POST PETITION UNSECURED DEBT					
ACCRUED INTEREST PAYABLE					
TRADE ACCOUNTS PAYABLE & OTHER: (list separately)					
TOTALS					

NOTE: Total post petition liabilities shown here must agree with the same item as shown on page 4 of this report.

Profit & Loss/ Income Statement

For Month Ending: _____

I. INCOME (LIST SOURCES)	**CURRENT MONTH**	**FILING TO DATE**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Gross Income	_____	_____
II. COST OF GOODS SOLD	_____	_____
III. GROSS PROFIT (SEC. I LESS SEC. II)	_____	_____
IV. GENERAL EXPENSES		
Compensation to Officers, Partners or Proprietors	_____	_____
Depreciation	_____	_____
Equipment Rental	_____	_____
Insurance	_____	_____
Legal	_____	_____
License fees	_____	_____
Payroll	_____	_____
Payroll Taxes	_____	_____
Property Taxes	_____	_____
Rent	_____	_____
Repair & Maintenance	_____	_____
Supplies	_____	_____

Profit & Loss/ Income Statement (continued)

For Month Ending: _____

	CURRENT MONTH	**FILING TO DATE**
Sales Tax	_____	_____
Telephone	_____	_____
Travel Expense	_____	_____
Utilities	_____	_____
Vehicle Expense	_____	_____
Other Expenses (List)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EXPENSES:	_____	_____
NET INCOME OR LOSS (SEC. III LESS SEC. IV)	_____	_____

Statement of Cash Flow

For Month Ending: _____

	$ AMOUNT
Cash Flows From Operating Activities:	
Income (Loss) From Operations	_____
Adjustments to reconcile net income (loss) from operations to net cash provided by (used in) operating activities:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Net cash provided by (used in) operating activities	_____
Cash Flows From Investing Activities:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Net cash provided by (used in) investing activities	_____
Cash Flows From Financing Activities:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Net cash provided by (used in) financing activities	_____
Net increase (decrease) in cash and cash equivalents	_____
Cash and cash equivalents, beginning of period	_____
Cash and cash equivalents, end of period	_____

Transfer of Property & Insurance Coverage

For Month Ending: _____

Has any property of the debtor been sold or otherwise transferred other than in the ordinary course of the debtor's business?

___ No

___ Yes If yes, complete the following.

Description of Property	To Whom It Was Transferred To	Date of Transfer	Gross $value	Net $s Received

Insurance Is coverage in effect for all tangible assets? _____ Are payments current? _____ If any policy has lapsed, been replaced or renewed, so state in the schedule below. Attach a copy of the new policy's binder or cover page showing property covered and coverage dates or a copy of the current certificate of insurance.

Type	Name of Carrier	Coverage Amount	Policy #	Expiration Date	Premium Amounts	Date Coverage Pd. Thru
Property						
Casualty						
Liability						
Vehicle						
Workman's Comprehensive						
Homeowners						
Other (specify):						

Detailed Listing of Receipts/ Deposits

For Month Ending: _____

Detail of Receipts:

Date	Received From	For	$ Amount

Sub-total Receipts this page $_____

Grand-total of Receipts page10 + page11 = $_____
(Must agree with total on page 2)

Detailed Listing of Receipts/ Deposits (continued)

Detail of Receipts (continued): **For Month Ending: _____**

Date	Received From	For	$ Amount

Sub-total Receipts this page $_____

DETAILED LISTING OF DISBURSEMENTS

For Month Ending: _____

Detail of Disbursements:

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

Grand-total of Disbursements page12 thru 19 = $_____
(Must agree with total on page 2)

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____

DETAILED LISTING OF DISBURSEMENTS (continued)

Detail of Disbursements (continued): **For Month Ending: _____**

Date	Check #	Paid To/In Payment Of	Amount

Sub-total Disbursements this page $_____