WEST

WEEKLY ROUTE & REMITTANCE REPORT

Week Ending

Week Number

Franchisee Name

Email

Route

INCOME

Net billings from this week's commission report (gross billings less admin fees.)

TOTAL NET BILLINGS $ _____ **A**

Additional income (new accounts, new or additional installations, and/or carry-overs)

Customer Name	Net Billings
	$
	$
	$
	$
	$
	$

TOTAL ADD'L INCOME $ _____ **B**

TOTAL INCOME [A + B] $ _____ **C**

DEDUCTIONS

Services not performed

Customer Name	Reason	Billings
	SELECT ONE	$
	SELECT ONE	$
	SELECT ONE	$
	SELECT ONE	$
	SELECT ONE	$

TOTAL NOT PERFORMED $ _____ **D**

Payroll

Item	Amount
	$
	$

TOTAL PAYROLL $ _____ **E**

TOTAL DEDUCTIONS [D+ E] $ _____ **F**

TOTAL AMOUNT DUE . . . . [C - F] $ _____

☐ I confirm that all work performed by me in this report has been to the standards required by West Sanitation.

For Internal Use Only

_____   _____

Checked By   Date