



WKSA MONTHLY INCOME REPORT

Send this report to WKSA HQ by the 5th day of each following month

Date _____ School I.D.# _____

School Owner Name _____

Tuition Fees	
New Member fees	
Color Belt & Stripe Testing Fees	
Merchandise Sales	
Miscellaneous	
Total Income	\$
	\$

Amount Due to WKSA: \$ _____

Payment Instruction: Check:# _____

Credit Card : _____ Please charge to Credit Card on File