



MARINE CORPS COMMUNITY SERVICES
 Financial Management Division
 Marine Corps Base
 Box 555020
 Camp Pendleton, California 92055-5020



Electronic Concessionaire Payment Form

Today's Date: 3-18-2013

BUSINESS NAME/DBA: _____

COST CENTER #: _____

CONTACT NAME: _____

CONTACT E-MAIL: _____

CONTACT PHONE: _____

SALES REPORTING PERIOD: From: _____ To: _____
(mm/dd/yyyy)

Please indicate the **NET SALES** and **COMMISSION %** that are reportable under the terms of your contract. Then select any additional types of payments that you are making from the drop down menu, and indicate the payment amount for each. For credits to commissions due, please select the applicable justification then indicate the document # and amount. The system will develop your total amount due.

Pay Flat Fee Calculate Commissions Due

FLAT FEE:

NET SALES:

COMMISSION %: %

COMMISSIONS DUE: **CONTRACTOR SHARE:**

OTHER AMOUNTS DUE: _____

PAYMENT TYPE:

SUBTOTAL: _____

POR'S PROCESSED:					
AMOUNT:	POR #:	COST CENTER #:	AMOUNT:	POR #:	COST CENTER #:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL DUE: **\$0.00**