LICENSEE NAME:
LICENSOR NAME: DEPARTMENT OF THE NAVY

REPORTING PERIOD (MM/DD/YYYY):
TERRITORY:
ROYALTY RATE:

ROYALTY REPORT FORM

Sku#	Description	Price/Unit	Net Units Sold	Gross Sales	Sales Returns/ Allowances	Net Sales	Total Royalties
TOTAL							

Total Net Sales	**$**
x Royalty Rate	**%**
Royalties Due	**$**
Less Advances	
Total Royalties Due	**$**

Signature of Authorized Officer Certifying Forgoing to be accurate

Name: _____

Title: _____