

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____

CASE NAME: _____ CASE NUMBER: _____

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending _____, ____

BEGINNING BALANCE (ending balance from last month): \$ _____

RECEIPTS:

1. Wages/Salary \$ _____
2. Gross Milk Proceeds \$ _____
3. Livestock Sales \$ _____
4. Crop Sales \$ _____
5. Government Payments \$ _____
6. Interest/Dividends \$ _____
7. Other Receipts (Specify) \$ _____

TOTAL RECEIPTS: (A) \$ _____

DISBURSEMENTS:

1. Wages/Salary Paid

a. Relatives \$ _____

b. Others \$ _____

2. Livestock Purchases \$ _____

3. Deductions from Milk Check \$ _____

4. Other Necessary Expenses \$ _____

5. Cash Withdrawn for Personal

Expenses* \$ _____

TOTAL DISBURSEMENTS (B)\$ _____

NET RECEIPTS (Line (A) less Line (B)) \$ _____

ENDING BALANCE (BEGINNING BALANCE PLUS NET RECEIPTS) \$ _____

*Individual debtors may withdraw reasonable amounts of cash from the DIP account for personal expenses. The total amount of cash withdrawals during the month must be shown above. Individual items purchased with the cash need not be listed on page 3 unless the price of the item exceeded \$100.00.

NOTE: Attach a copy of the most recent bank statement and reconciliation for each account and a copy of the milk check receipts.

RECEIPTS LISTING

Bank: _____ Account# _____

DATE RECEIVED

DESCRIPTION

AMOUNT

SUBTOTAL \$ _____

MINUS TRANSFERS FROM OTHER ACCOUNTS \$ _____

TOTAL \$ _____

(Transfer to Page 1, Line A)

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account.

DISBURSEMENTS LISTING

Bank: _____

Acct. No.: _____

Account Name: _____

Location: _____

Please list all disbursements made during the month on the attached sheet. You must create a separate list for each bank account. The date, check number, amount and brief description must be provided for each disbursement. Attach additional sheets if necessary. Also list any cash payments for personal expenses in excess of \$100.00.

TOTAL DISBURSEMENTS \$ _____

MINUS TRANSFERS TO OTHER ACCOUNTS \$ _____

TOTAL MONTHLY DISBURSEMENTS \$ _____

(This figure should be transferred to line B of the Summary Page)

DATE PAID	CHECK NO.	PAYEE	DESCRIPTION	AMOUNT
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STATEMENT OF UNPAID BILLS (POST-PETITION)

List below any bill incurred after the filing of this case which has not yet been paid and which is more than 30 days old. Include any unpaid taxes.

CREDITOR

AMOUNT

DATE INCURRED

STATUS OF POST PETITION PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor Lessor	Date Regular Payment is Due	Amount of Regular Payment	Check # of Payment	Number of Payments * Delinquent	Amount of Payments Delinquent
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*State reason for non-payment.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____
For Month Ending _____, 19____
DECLARATION UNDER PENALTY OF PERJURY

I, _____

declare under penalty of perjury under the laws of the United States that I have read the foregoing Monthly Report on the Debtor, and that the figures, statements, disbursements itemizations, and account balances as listed, are true and correct as of the date of this report to the best of my knowledge, information and belief.

Copies of this report have been forwarded to the U.S. Bankruptcy Court

and the Internal Revenue Service.

Signature

Print name, capacity and phone number of person signing this

Declaration:

Name

Title

Phone #

Dated: