



FRANCHISE MARKETING ACTIVITY REPORT

Month Ending: _____

Franchise Number: _____

Franchisee Name: _____

Phone: _____

Address: _____

Description of Advertising Activity	Attached Evidence of Activity (1-4)*	Run Dates or Dates of Promotion	Invoice Date	Invoice Amount

* KEY:

1 = COPY OF PAID INVOICE 2 = COPY OF CANCELLED CHECKS 3 = TEAR SHEETS 4 = OTHER

Franchisee's Signature

Date

Total Advertising Expenditures \$ _____

Total Net Sales for the Month \$ _____

Total Required Expenditures \$ _____