

E-MAIL COMPLETED FORM TO LICENSING@US.AF.MIL and AFPAA.HQ.TL@US.AF.MIL

SALES REPORT FORM

COMPANY NAME _____ **QUARTER/YEAR:** _____

Product Category	Distribution Channels	Royalty Type	SKU	Sales Total	Royalty Rate	Total

Total Net Sales (current quarter): _____

Signature of Authorized Officer Certifying foregoing to be accurate

Name and Title: _____ Date: _____