

Department of Transportation
Airports
Daniel K. Inouye International Airport
400 Rodgers Boulevard, Suite 700
Honolulu, Hawaii 96819-1880

Month of _____

STATEMENT OF GROSS INCOME FOR:

Quarter Ending _____

Lease/Permit Agreement
Number _____ Number _____ Campus _____

FBO STATEMENT OF GROSS RECEIPTS

Reportable Gross Receipts for this period	\$	
_____ % of \$	= \$	
_____ % of \$	= \$	
_____ % of \$	= \$	
Balance fee due	\$	

FUEL FLOWAGE FEE

Gallon Sold: Current Month _____ Year to Date _____

Monthly Fuel Flowage Fee Due \$ _____ X _____ = _____
Gallons

OTHER INCOME (For report requirement and audit purposes only) _____

I certify that the above is true and correct:

By _____ Date _____
(Signature and Title)

Account Name _____ Account Number _____
DBA _____

Address _____

Phone Number _____ Email Address _____

NOTE: All sections of this form must be completed in order to be processed. Incomplete forms will be returned and may result in late filing charges. An interest charge of 12% per annum will be charged for late filing and/or payments. Please refer to your Lease, Revocable Permits or other documents for due dates.

AIRPORTS USE ONLY

Date Paid _____ Receipt No. _____

Account No. _____ Amount _____