**Cashflow Forecast Check List**

Please complete all sections which are applicable to your business for this financial year. You can add or delete rows if required.

|  |  |  |
| --- | --- | --- |
|  | **Completed** | **Not applicable** |
| **Section 1: Sales Budget** |[ ] [ ]
| Labour Sales Schedule |[ ] [ ]
| Material Sales Schedule |[ ] [ ]
| **Section 2: Wages Budget** |[ ] [ ]
| **Section 3: Vehicle Expenses Budget** |[ ] [ ]
| **Section 4: Entertainment Budget** |[ ] [ ]
| Staff Entertainment Budget |[ ] [ ]
| Customer Entertainment Budget |[ ] [ ]
| **Section 5: Key Expenses** |[ ] [ ]
| **Section 6: Capital Expenditure Budget** |[ ] [ ]
| **Section 7: Finance Requirements** |[ ] [ ]
| **Section 8: Personal Expenditure Budget** |[ ] [ ]

Please note: All figures should be **GST exclusive** where applicable

**Section 1: Sales Budget**

|  |  |  |
| --- | --- | --- |
| **Do you charge your services based on an hourly rate?***(If yes, please complete Labour - Sales Schedule)* | Yes [ ]  | No [ ]  |
| **Do you charge goods to customers with mark-up?***(If yes, please complete Material - Sales Schedule)* | Yes [ ]  | No [ ]  |
| **What are your Terms of Trade?** *E.g. Invoice due 20 days after end of month* ***or*** *payment due within 7 days.* |
|  |
|  |
| **Labour - Sales Schedule** |
| **Employee name** | **Employee charge out rate** | **Productivity per Employee** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Materials - Sales Schedule** |
| **Product name / Customer type** | **% Mark up per product** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 2: Wages Budget**

Please complete this schedule for all employees you expect to have in your employment in the next 12 months. If you don’t have any employees, move on to the next section and tick not applicable on page 1.

|  |  |  |
| --- | --- | --- |
| **Do you expect to increase/decrease your staff levels in the next 12 months?** *(If yes please add details to schedule)* | Yes [ ]  | No [ ]  |
|  |
| **Employee name or position** | **Department** **E.g. Sales** | **Weekly hours worked**  | **Current hourly rate/salary** | **New hourly rate/salary** | **Pay rise effective from (month)** | **Employment to be commenced or ceased (month)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Further details (if required):** |
|  |

**Section 3: Vehicle Expenses Budget**

Please complete this schedule for all vehicles that are owned by the business.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vehicle & Registration Number** | **Annual reg. / WOF / COF costs** | **Road User Charges**  | **Approx. kms travelled per year** | **FBT payable on vehicle (if any)** | **Annual Insurance** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 4: Entertainment Budget**

Please complete this schedule if you provide entertainment to staff and/or customers.

**Staff Entertainment Budget**

|  |  |
| --- | --- |
| **Description of entertainment** | **Budget ($)** |
| **Weekly entertainment** *e.g. Friday night drinks* |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Mid-year function** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Christmas function** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other functions** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Customer Entertainment Budget**

|  |  |
| --- | --- |
| **Description of entertainment**  | **Annual Budget ($)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 5: Key Expenses**

|  |  |  |
| --- | --- | --- |
| **Do you expect to have any one-off costs in the next 12 months?** *E.g. legal costs, training costs, repairs and maintenance (If yes, please provide details below).* | Yes [ ]  | No [ ]  |
| **Description of cost** | **Expected cost ($)** | **Month** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Are you expecting any increases to rent / lease payments in the next 12 months?***(If yes, please provide details below)* | Yes [ ]  | No [ ]  |
| **Description of cost** | **Expected change in cost ($)** | **Month** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 6: Capital Expenditure Budget**

**Asset purchases:**

Please list any assets that you plan to PURCHASE in the next 12 months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset description** | **Purchase date** | **Purchase price** | **Financed** | **Financial institution** |
| **Land** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Buildings** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Motor vehicles** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Plant & equipment** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Furniture & fittings** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Office equipment** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
| **Other** |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |
|  |  |  | Yes [ ]  | No [ ]  |  |

**Asset sales:**

Please list any assets that you plan to SELL in the next 12 months.

|  |  |  |
| --- | --- | --- |
| **Asset description** | **Sale date** | **Sale amount** |
| **Land** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Buildings** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Motor vehicles** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Plant & equipment** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Furniture & fittings** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Office equipment** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 7: Finance Requirements**

Please indicate your current finance arrangements.

|  |  |  |
| --- | --- | --- |
| **Bank overdrafts** | **Overdraft limit** | **Interest rate** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Bank loans** | **Loan number** | **Amount** | **Interest rate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **Hire purchase** | **Finance company** | **Amount financed** | **Interest rate** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 8: Personal Expenditure Budget**

|  |  |
| --- | --- |
| 1. How much do you take from the business each month as drawings?
 |  |
| 1. Is this a set amount?
 | Yes [ ]  | No [ ]  |
| 1. Does the business pay your personal income tax commitments?
 | Yes [ ]  | No [ ]  |

**You can send your completed form to:**

Ben McCormack ben@pkfbmr.nz 03 951 3152 021 025 05659

Howard Tilbury howard@pkfbmr.nz 03 951 3156 021 131 4558