



Canadian  
Media Circulation  
Audit

**CARRIER/DEALER LEDGER**

**FORM F  
OPTIONAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Month of

Issue date	Draw	Returns	Net	Rate	Weekly charge	Receipts	Balance	Date to Cash
1	2	3	4	5	6	7	8	9

Month of


Month of
