

# Startup Financial Overview

## 1. Summary

Startup Name: \_\_\_\_\_

Founder: \_\_\_\_\_

Date: \_\_\_\_\_

Industry: \_\_\_\_\_

Stage: \_\_\_\_\_

## 2. Key Metrics

Metric	Amount
Startup Capital Required	_____
Current Cash on Hand	_____
Monthly Burn Rate	_____
Runway (months)	_____
Number of Employees	_____

## 3. Revenue Projections

Period	Expected Revenue
Q1	_____
Q2	_____
Q3	_____
Q4	_____
Total	_____

## 4. Cost Breakdown

Expense Category	Monthly Amount
Salaries	_____
Office & Operations	_____
Product Development	_____
Marketing	_____
Other Expenses	_____
Total	_____

## 5. Funding & Ownership

Source	Amount	Ownership %
Founder(s)	_____	_____
Angel Investors	_____	_____
Seed/Venture Capital	_____	_____
Other	_____	_____

## 6. Notes

Use this space for additional comments or context (e.g., major assumptions, risks, milestones).

---



---



---