

Store Name: _____

Weekly Sales Report

Location: _____

Day Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Store Bank - Actual	_____	_____	_____	_____	_____	_____	_____
Safe	_____	_____	_____	_____	_____	_____	_____
Cash Drawer	_____	_____	_____	_____	_____	_____	_____
End of Day - Actual	_____	_____	_____	_____	_____	_____	_____
(Drawer Pull)	_____	_____	_____	_____	_____	_____	_____
Cash	_____	_____	_____	_____	_____	_____	_____
Check	_____	_____	_____	_____	_____	_____	_____
Visa/MasterCard	_____	_____	_____	_____	_____	_____	_____
*if applicable Discover	_____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____	_____
Less Starting Cash	_____	_____	_____	_____	_____	_____	_____
Current Days Receipts	_____	_____	_____	_____	_____	_____	_____
Register Tape	_____	_____	_____	_____	_____	_____	_____
Total (Net Total)	_____	_____	_____	_____	_____	_____	_____
Cash Over/Short	_____	_____	_____	_____	_____	_____	_____
Paid Outs	_____	_____	_____	_____	_____	_____	_____
Supplies	_____	_____	_____	_____	_____	_____	_____
Adjusted Over/Short	_____	_____	_____	_____	_____	_____	_____
Cash to be Deposited	_____	_____	_____	_____	_____	_____	_____
(cash/checks)	_____	_____	_____	_____	_____	_____	_____
Deposited Amount:	_____	_____	_____	_____	_____	_____	_____
*if applicable	_____	_____	_____	_____	_____	_____	_____
Taxable Sales:	_____	_____	_____	_____	_____	_____	_____
Sales Tax	_____	_____	_____	_____	_____	_____	_____
Z - Report #	_____	_____	_____	_____	_____	_____	_____
Coupons \$	_____	_____	_____	_____	_____	_____	_____
# or \$ of Refunds	_____	_____	_____	_____	_____	_____	_____
# or \$ of Voids	_____	_____	_____	_____	_____	_____	_____
# of No Sales	_____	_____	_____	_____	_____	_____	_____

Fax to: 1-913-837-3246
Ann Welch
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Report cash shortages to Operations Director ASAP

* Report must be faxed or email every Monday morning.