

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	_____	_____	_____	_____	_____	_____	_____
	Credit Card	_____	_____	_____	_____	_____	_____	_____
	Total	_____	_____	_____	_____	_____	_____	_____
Less Starting Cash	(store base)	_____	_____	_____	_____	_____	_____	_____
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:		_____	_____	_____	_____	_____	_____	_____
Merchandise Sales		_____	_____	_____	_____	_____	_____	_____
Sales Tax		_____	_____	_____	_____	_____	_____	_____
Admission Sales		_____	_____	_____	_____	_____	_____	_____
Sales Tax		_____	_____	_____	_____	_____	_____	_____
	Z - Report #	_____	_____	_____	_____	_____	_____	_____
	# Coupons	_____	_____	_____	_____	_____	_____	_____
	Refunds	_____	_____	_____	_____	_____	_____	_____
	Voids	_____	_____	_____	_____	_____	_____	_____
	# of No Sales	_____	_____	_____	_____	_____	_____	_____

**Fax to: 1-913-837-3246  
Ann Welch**

Report cash shortages to Operations Director ASAP

\* Report must be faxed every Monday morning.

**\*Not all stores break out Merchandise vs Admissions Sales**