

SUMMARY SHEET

WEEK ENDING DATE: _____									
_____ / _____									
BEAUTY CONSULTANT NAME & CONSULTANT NUMBER									
PHONE NUMBER: _____									
DIRECTOR NAME: _____									
DATE	IF SKIN CARE CLASS OR FACIAL LIST HOSTESS NAME, TELEPHONE NUMBER	No. of Guests (include Hostess)	No. of Orders	No. of Bookings	No. of Basics Sold	Skin Care Class\$	Facial\$	\$ Reorders	
		Weekly Sales Total (Less Tax)							
		Number of Classes Booked for Next Week							
This weeks Total									
Running Total									