

Point of Sale Daily Revenue Tracking Sheet

Date**Location/Branch**

Enter location or branch

Cashier Name/ID

Enter cashier name or ID

| TIME | OPENING CASH | SALES (CASH) | SALES (CARD) | SALES (OTHER) |
|--------------|--------------|--------------|--------------|---------------|
| Morning | | | | |
| Afternoon | | | | |
| Evening | | | | |
| Night | | | | |
| Total | | | | |

Notes / Comments

Additional remarks (optional)