

Retail Sales Associates Daily Report Sheet

Date

Sales Associate Name

Store/Location

Sales Summary

Time	Product/Service	Quantity	Sale Amount	Customer Name (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Returns/Exchanges

Time	Product	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Customer Feedback / Notes

Enter any customer feedback, issues, or notes here...

Associate's Remarks

Additional remarks or summary for the day...