

Cosmetic Shop Daily Sales Performance Report

Date: _____

Prepared by: _____

Shop Location: _____

Sales Summary

Metric	Amount
Total Sales	_____
Total Transactions	_____
Average Sale Value	_____
Total Customers Served	_____

Top 5 Selling Products

Product Name	Units Sold	Revenue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks

Prepared by

Verified by