Sheet No. ______

NAME/LOCATION: ______ WEEK ENDING ____/____/____

RECEIPTS

DAY	DATE				SUNDRIES		TOTAL RECEIPTS	AMOUNT BANKED	GST
					DETAILS	AMOUNT			
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
TOTALS									

CHEQUE PAYMENTS

CHEQUE NO.	PAID TO	FOR	AMOUNT	GST
			TOTALS	

CASH PAYMENTS (NOT CHEQUES)

DETAILS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEKLY TOTALS	GST
Purchases									
Wages									
Drawings									
TOTALS									

SAMPLE

GST LIABILITY	
GST ON SALES	
LESS GST ON INPUTS	
NET GST DUE	

ESTIMATED WEEKLY TRADING RESULTS	
TOTAL SALES	
LESS COST OF SALES (est.)	
ESTIMATED NET PROFIT FOR WEEK	

Manager's Report ______

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