

LAKE CITY FARMERS MARKET WEEKLY REPORT 2015

Date: _____

Weather: _____

Vendors: _____

Market Staff: _____ In: _____ Out: _____

Customers: _____

Market Staff: _____ In: _____ Out: _____

Volunteers: _____

Market Staff: _____ In: _____ Out: _____

Volunteer Hrs: _____

EBT Sales: \$ _____

Non-profits:

Merchandise Sales: \$ _____

1. _____

Vendor Fees: \$ _____

2. _____

Market Vendor Sales: \$ _____

3. _____

Cars Towed: _____

Music/Tasting/Chef Demo/Special Promotion (circle one):

Event Comments: _____

Manager/Staff Notes: _____

Vendor/Volunteer/Shopper Suggestions: _____

Lost Item(s): _____ Name: _____ Phone: _____

Found Item(s): _____ Name: _____ Phone: _____

CUSTOMER COUNTS:

3:00 _____
 3:30 _____
 4:00 _____
 4:30 _____
 5:00 _____
 5:30 _____
 6:00 _____
 6:30 _____
 7:00 _____

 Total _____

HEALTH DEPARTMENT INSPECTOR/NFMA STAFF:

_____ (____:____) (____:____) = _____
 Name Time In Time Out Total Hrs
 _____ (____:____) (____:____) = _____
 Name Time In Time Out Total Hrs

VOLUNTEERS: please print first and last name clearly

_____ (____:____) (____:____) = _____
 _____ (____:____) (____:____) = _____
 _____ (____:____) (____:____) = _____
 _____ (____:____) (____:____) = _____

TOTAL VOLUNTEER HOURS = _____

Bike Benefits: Sold _____
Redeemed _____

MARKET SALES

Cash Amount	Credit Amount	Merchandise (Items)	Donations Above \$10 (Type: GFF, NFMA, etc.)	Gift Certificate (Note #)	Staff Initials
					TOTAL

GC Redeemed (Amount/#):

	TOTAL
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