

LAKE CITY FARMERS MARKET WEEKLY REPORT 2019

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