BUSINESS _____ **WK COMM** _____

TAKINGS

	TILL 1				TILL 2			
	STANDARD RATED	ZERO RATED	Reduced Rate	TOTAL	STANDARD RATED	ZERO RATED	Reduced Rate	TOTAL
MON								
TUES								
WED								
THURS								
FRI								
SAT								
SUN								
TOTAL SHOP								

(TOTAL TILL 1 & 2) TOTAL

CASH SUPPLIER PAYMENTS - please attach receipts

NAME	AMOUNT