MARY KAY WEEKLY ACCOMPLISHMENT SHEET

Please note: The weekly accomplishment sheet is not a complete summary for income tax or accounting purposes.
Send a copy of this sheet to your Independent Sales Director and retain a copy for your files. Use additional sheets if necessary.

Independent Beauty Consultant Name and Number _____ Telephone No. _____ Independent Sales Director Name _____ Week Ending Date _____

DATE/TIME	FOR APPOINTMENTS LIST HOSTESS NAME, ADDRESS, TELEPHONE NO.	TIME INVESTED (HOURS)	NO. OF CALLS/ GUESTS (INCLUDE HOSTESS)	NO. OF ORDERS	NO. OF BOOK-INGS	NO. OF SKIN CARE SETS SOLD (BASIC, TIMEWISE®, VELOCITY®)	SALES (LESS TAX)					SALES TAX	HOSTESS GIFTS/ GWP AT COST* (SECTION 2)	PRODUCT GIVEN AWAY AT SUGG. RETAIL (SECTION 1)	NON-RECOVERED SALES TAX
							SKIN CARE CLASSES/ FACIALS	*ON THE GO* APPOINTMENTS	ONLINE/ PERSONAL WEB SITE ORDERS	SHOWS (TRUNK SHOWS, COLLECTION PREVIEWS, ETC.)	BROCHURE/ PREF. CUST. PROGRAM/ MISC. SALES/ REORDERS				
THIS WEEK'S TOTAL															
YEAR-TO-DATE TOTAL															
NEW TOTAL															

WEEKLY SALES TOTAL (LESS TAX) _____

YEAR-TO-DATE SALES TOTAL (LESS TAX) _____

Week's Activity Recap

_____ Potential Team Members Interviewed

_____ Number of New Team Members

_____ Number of Appointments for Next Week

_____ Number of Skin Care Sets Sold

$_____ Skin Care Classes/Facials

$_____ *On The Go* Appointments

$_____ Online/Personal Web Site Orders

$_____ Shows (Trunk Shows, Collection Previews, etc.)

$_____ Brochure/Pref. Cust. Program/Misc. Sales/Reorders

$_____ Weekly Sales Total Less Tax

Orders Submitted to Company This Week

$_____ Section 1 wholesale

$_____ Section 2 at cost

Estimated Weekly Gross Profit

Weekly Sales Total Less Tax $ _____

x .40

Estimated Weekly Gross Profit = _____

Deposit total amount collected in business account. It is suggested to allow 60 percent of sales for product replacement; 40 percent is profit less other business expenses.

*Section 2 item, gift or premium given to hostess or customer in addition to, or instead of, a discount from suggested retail price of Section 1 products.

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Dear Sales Director:

I would like more information about the following areas:

Booking	_____	Closing My Classes	_____
Coaching	_____	Customer Service	_____
Sharing The Opportunity	_____	Business Management	_____
Telephone Sales	_____	Obtaining Reorders	_____
Skin Care Classes/Facials	_____	*On The Go* Appointments	_____
Online/Personal Web Site Orders	_____	Shows (Trunk Shows, Collection Previews, etc.)	_____
Brochure/Pref. Customer Program/Misc. Sales/ Reorders	_____	Other (_____)	_____

Next Week's Goals

Amount of Sales	$_____
Number of Skin Care Classes/ Facials	_____
Number of *On The Go* Appointments	_____
Number of *On With The Shows*	_____
Number of Interviews	_____
Number of Customer Calls	_____

This Week's Hourly Earnings

Your Estimated Weekly Gross Profit	$_____
÷	
Hours Worked	_____
=	
Total Earned Per Hour	**$**_____

New or Prospective Team Members

INTER-VIEWED (✔)	RECRUITED (✔)	NAME	COMPLETE ADDRESS	TELEPHONE	E-MAIL ADDRESS