MARY KAY WEEKLY ACCOMPLISHMENT SHEET

Please note: The weekly accomplishment sheet is not a complete summary for income tax or accounting purposes.
If you choose to, you can send a copy of this sheet to your Independent Sales Director. You may want to retain a copy for your files. Use additional sheets if necessary.

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______________________ Independent Beauty Consultant Name and Number

______________________ Telephone No.

______________________ Independent Sales Director Name

______________________ Week Ending Date

							SALES (LESS TAX)								
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®)	SKIN CARE CLASSES/ FACIALS/ COLOR APPT.	*ON THE GO* APPOINTMENTS	ONLINE/ PERSONAL WEB SITE ORDERS	SHOWS (COLLECTION PREVIEWS, ETC.)	PREF. CUST. PROGRAM MAILINGS/ REORDERS/ MISC. SALES	SALES TAX	HOSTESS GIFTS/ GWP AT COST* (SECTION 2)	PRODUCT GIVEN AWAY AT SUGG. RETAIL (SECTION 1)	NON-RECOVERED SALES TAX
	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

- ________ Number of Team-Building Appointments
- ________ Number of New Team Members
- ________ Number of Selling Appointments for Next Week
- ________ Number of Skin Care Sets Sold
- $________ Skin Care Classes/Facials/Color Appt.
- $________ *On the Go* Appointments
- $________ Online/Personal Web Site Orders
- $________ Shows (Collection Previews, etc.)
- $________ Pref. Cust. Program Mailings/Reorders/Misc. Sales
- $________ 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 $ __________

× .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 items or gifts with purchase 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 Independent 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/ Color Appointments	_____	*On the Go* Appointments	_____
Online/Personal Web Site Orders	_____	Shows (Collection Previews, etc.)	_____
Pref. Customer Program Mailings/Reorders/ Misc. Sales	_____	Other (_____)	_____

Next Week's Goals

Amount of Sales	$ _____
Number of Skin Care Classes/Facials/ Color Appointments	_____
Number of *On the Go* Appointments	_____
Number of *On With the Shows*	_____
Number of Team-Building Appointments	_____
Number of Customer Calls	_____

This Week's Hourly Gross-Profit Earnings

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

New or Prospective Team Members

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