

STORE NAME: _____
LOCATION: _____

STORE NAME:

LOCATION:

Pay Period: Monday _____ through Sunday _____
Month, Day, Year Month, Day, Year

Pay Period: **Monday**

Month, Day, Year

through Sunday.

Month, Day, Year

	DATE	CASH TIPS	CREDIT CARD TIPS	TOTAL DAILY TIPS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL				

Total

[illegible]

Employee Name _____
Print Name _____

Print Name _____

Employee Signature

Date _____

Manager Signature

Date _____

Pay Period Driver Tip Summary

Store: _____

Pay Period – _____

<u>Employee Name</u>	<u>Total \$\$ Reported Tips</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$

Please fax over with payroll 248-288-6742