

Booking report

List Config

Report name (English) Maximum 200 characters

Report name (中文) Maximum 200 characters

Allow use report user group

- All user group
- Accounts
- ALL
- Consultant
- Management
- Marketing
- Office

	<u>Report criteria</u>	<u>Report content</u>		<u>Report criteria</u>	<u>Report content</u>		<u>Report criteria</u>	<u>Report content</u>
Booking date	<input type="checkbox"/>	<input type="checkbox"/>	Member code	<input type="checkbox"/>	<input type="checkbox"/>	D Designate therapist	<input type="checkbox"/>	<input type="checkbox"/>
Start time	<input type="checkbox"/>	<input type="checkbox"/>	Member name	<input type="checkbox"/>	<input type="checkbox"/>	@ @	<input type="checkbox"/>	<input type="checkbox"/>
Actual arrive time	<input type="checkbox"/>	<input type="checkbox"/>	Member telephone	<input type="checkbox"/>	<input type="checkbox"/>	* *	<input type="checkbox"/>	<input type="checkbox"/>
Booking time	<input type="checkbox"/>	<input type="checkbox"/>	Member email	<input type="checkbox"/>	<input type="checkbox"/>	F F	<input type="checkbox"/>	<input type="checkbox"/>
Weekday	<input type="checkbox"/>	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	<input type="checkbox"/>	! !	<input type="checkbox"/>	<input type="checkbox"/>
Shop	<input type="checkbox"/>	<input type="checkbox"/>	Treatment receipt	<input type="checkbox"/>	<input type="checkbox"/>	# #	<input type="checkbox"/>	<input type="checkbox"/>
Therapist	<input type="checkbox"/>	<input type="checkbox"/>	Invoice no	<input type="checkbox"/>	<input type="checkbox"/>	% %	<input type="checkbox"/>	<input type="checkbox"/>
Treatment code	<input type="checkbox"/>	<input type="checkbox"/>	Paid	<input type="checkbox"/>	<input type="checkbox"/>	? ?	<input type="checkbox"/>	<input type="checkbox"/>
Treatment name	<input type="checkbox"/>	<input type="checkbox"/>	Last updated	<input type="checkbox"/>	<input type="checkbox"/>	- -	<input type="checkbox"/>	<input type="checkbox"/>
Treatment description	<input type="checkbox"/>	<input type="checkbox"/>	Last updated time	<input type="checkbox"/>	<input type="checkbox"/>			
Treatment category	<input type="checkbox"/>	<input type="checkbox"/>						
Late	<input type="checkbox"/>	<input type="checkbox"/>						
Status	<input type="checkbox"/>	<input type="checkbox"/>						
Booking ID	<input type="checkbox"/>	<input type="checkbox"/>						
Booked by	<input type="checkbox"/>	<input type="checkbox"/>						
Booking remark	<input type="checkbox"/>	<input type="checkbox"/>						
Member group	<input type="checkbox"/>	<input type="checkbox"/>	Contact					
			Home address	<input type="checkbox"/>	<input type="checkbox"/>			
Personal Info			Office address	<input type="checkbox"/>	<input type="checkbox"/>			
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	Mailing address	<input type="checkbox"/>	<input type="checkbox"/>			
Age Group	<input type="checkbox"/>	<input type="checkbox"/>	Interest Group	<input type="checkbox"/>	<input type="checkbox"/>			