

DAILY CASH COUNT FORM

Beginning Cash Balance:

Date: _____ Pennies
_____ Nickels

Time: _____ Dimes
_____ Quarters

Receipt #: _____

Verified: _____ Ones
_____ Fives
_____ Tens
_____ Twenties
_____ Total

Total Credit Card Purchases: _____

Total Credit Card Refunds: _____

Total Credit Card Deposit: _____

Ending Cash Balance:

Date: _____ Pennies
_____ Nickels

Time: _____ Dimes
_____ Quarters

Receipt #: _____

Verified: _____ Ones
_____ Fives
_____ Tens
_____ Twenties
_____ Fifties
_____ Hundreds

Total Ending Cash: _____

Plus Checks: _____

Less Total Beginning Cash: _____

Total Deposit: _____

Cash Receipt Book Total: _____

Date: _____ **Time:** _____

Supervisor Signature: _____