

Daily Cash Reconciliation Form

Day: _____ Date: _____

Cashier Name: _____

POS Drawer (Circle One) 1 2 3 4

Starting Cash Drawer – Start Time (:)

CASH Amount _____

____ x \$1 ____ x \$5 ____ x \$10 ____ x \$20

____ x Change ____ x \$100

Verification: Lead _____ Cashier _____

System Cash Report – End Time (:)

CASH _____ CHECK _____

CASH/CHECK TOTAL _____**Daily Revenue: ACTUAL Amount Received**

Amount in CASH _____ CHECK _____

____ x \$1 ____ x \$5 ____ x \$10 ____ x \$20

____ x Change ____ x \$100

Amount OVER _____ Amount SHORT _____

Total DROPPED _____**Explanation of Over/Short - Other Notes**_____

Verification: Lead _____ Cashier _____

Safe Drop: Cash / Stamped Checks / Completed Daily
Cash Reconciliation Form in color coded envelope**Ending Cash Drawer / Bag \$100**

CASH Returned to Drawer _____

____ x \$1 ____ x \$5 ____ x \$10 ____ x \$20

____ x Change

Verification: Lead _____ Cashier _____

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