



Cash Count

Section 1: Department Information

Date: _____ Time: _____

Cash Box: _____

Counted by: _____

Verified by: _____

Section 2: Count Details

Cash Count		Amount
Currency: BILLS	100s	
	50s	
	20s	
	10s	
	5s	
	2s	
	1s	
SUBTOTAL		
Currency: COINS	Dollars	
	Half Dollars	
	Quarters	
	Dimes	
	Nickels	
	Pennies	
	SUBTOTAL	
Total Currency (Bills and Coins)		
Total Checks for Deposit (adding machine tape attached)		
Less Starting Change Fund (enter as negative)		
TOTAL DEPOSIT		
Sales as Indicated per Receipts or Cash Register Tape		
Less Voided Transactions and/or Adjustments (Proper Approval Required)		
TOTAL SALES		
Note: If Deposit > Sales = Cash Over; if Deposit < Sales = Cash Short		Cash Over/Short
Receipt Number or Transaction Number Reconciliation <small>If previous day ending and current day beginning are not consecutive, explain on backside of form.</small>	Previous Business Day Ending Number	
	Current Business Day Beginning Number	
	Current Business Day Ending Number	
	Next Business Day Beginning Number	

Section 3: Certification

Counted by Signature _____

Date _____

Verified by Signature _____

Date _____