

DAILY CASH COUNT SHEET			
Prepared By:			
Signature:			
Category Name		Category No.	
Category Description		Receipt No.	
CASH:	Count	Count	Total Dollars
Hundreds			
Fifties			
Twenties			
Tens			
Fives			
Ones			
Half Dollars			
Quarters			
Dimes			
Nickels			
Pennies			
		Total	

CHECKS:		
Customer Name	Check #	Amount
		Total

KEV Account(s):		
Account	Reason	Amount
		Total

Total Deposit	
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The amounts above are true and correct to the best of my knowledge.

Signature

Date