

Daily Cash Drawer Report

Business Details

Store Name: _____

Drawer Number: _____

Date: _____

Shift: Morning Afternoon Evening

Opening Drawer Amount

Cash on Hand: _____

Transactions Summary

Total Sales: _____

Cash Sales: _____

Card Sales: _____

Other Payments (Specify): _____

Payment Type	Amount Recorded	Notes
Cash Payments		
Card Payments		
Gift Cards/Vouchers		

Cash Deposits Made

Date: _____

Amount Deposited: _____

Ending Drawer Balance

Expected Cash Balance: _____

Actual Cash Balance: _____

Variance: _____

Verification and Approval

Employee Name: _____ **Signature:**

Manager Name: _____ **Signature:** _____