Daily Cash Register Report PDF

General Information

Business Name: _____

Location: _____

Date: _____

Prepared By: _____

Shift: [ ] Morning [ ] Afternoon [ ] Evening

Opening Cash Balance: _____

Cash Inflows

Source/Transaction	Payment Method	Amount	Notes
Sales Revenue	Cash		
Credit/Debit Transactions	Card		
Other Incomes (Specify)			

Total Cash Inflows: _____

Cash Outflows

Expense Type	Payment Method	Amount	Notes
Vendor Payments	Cash/Card		
Refunds Issued	Cash		

Miscellaneous Expenses			

Total Cash Outflows: _____

Closing Cash Balance

Calculated Closing Balance: _____

Actual Cash Count: _____

Discrepancy (if any): _____

Approval Signatures

Prepared By: _____

Verified By: _____

Manager Approval: _____