Restaurant Daily Cash Report

Restaurant Information

Restaurant Name: _____

Address: _____

Report Date: _____

Shift (if applicable): [ ] Breakfast [ ] Lunch [ ] Dinner

Opening Balance

Starting Cash: _____

Daily Cash Inflows

Transaction Type	Payment Method	Amount	Notes
Food and Beverage Sales	Cash/Card		
Takeaway Orders			
Miscellaneous Revenue			

Daily Cash Outflows

Expense Type	Payment Mode	Amount	Notes
Inventory Purchases			
Refunds			
Staff Payments			

Final Balance

Calculated Total: _____

Actual Total Counted: _____

Discrepancy (if any): _____

Comments or Additional Notes

_____

Signatures

Prepared By: _____ Date: _____

Verified By: _____ Date: _____