

# TRANSCEND MEDICAL

## Daily Cash Report

Guntersville

Date: \_\_\_\_\_

### Cash

How Much \_\_\_\_\_

Dept 1 \_\_\_\_\_

Z Report \_\_\_\_\_

Dept 2 \_\_\_\_\_

Variance \_\_\_\_\_

(place in folder with Z report)

Why \_\_\_\_\_

### Drawer Count

### Check

Pennies \_\_\_\_\_

How Much \_\_\_\_\_

Nickels \_\_\_\_\_

How Many \_\_\_\_\_

Dimes \_\_\_\_\_

Z Report \_\_\_\_\_

Quarters \_\_\_\_\_

Variance \_\_\_\_\_

Other \_\_\_\_\_

Why \_\_\_\_\_

\$ Ones \_\_\_\_\_

\$ Fives \_\_\_\_\_

\$ Tens \_\_\_\_\_

\$ Twenties \_\_\_\_\_

\$ Other \_\_\_\_\_

\$ Other \_\_\_\_\_

\$ Other \_\_\_\_\_

Total \$ 220 \_\_\_\_\_

### Credit Card

How Much \_\_\_\_\_

Z Report \_\_\_\_\_

Variance \_\_\_\_\_

Signed by Printed \_\_\_\_\_

Why \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_