Point-of-Sale Cash Reconciliation Form

Date

Shift

e.g. Morning, Evening

Cashier Name

POS Terminal

Count and enter amounts below:

Denomination	Quantity	Amount
$100		
$50		
$20		
$10		
$5		
$1		
Coins		
Total Cash Counted		

Opening Cash Balance

Total Cash Sales

Other Income

Total Expected Cash

Over/Short

Notes / Explanations

_____

Cashier Signature

_____

Supervisor Signature

_____

Date