

Safe Drop Cash Reconciliation

Date

MM/DD/YYYY

Location

Store / Branch Name

Drop Performed By

Employee Name

Cash Count

Denomination	Quantity	Total
\$100 Bills	_____	_____
\$50 Bills	_____	_____
\$20 Bills	_____	_____
\$10 Bills	_____	_____
\$5 Bills	_____	_____
\$1 Bills	_____	_____
Coins	_____	_____
Total Cash Counted	_____	_____

Expected Cash

POS/Terminal Reported Amount

Over/Short

Safe Drop Details

Drop Bag Number

Bag #

Drop Time

HH:MM AM/PM

Witness (if required)

Name

Signatures

Prepared By

Signature / Name

Date

MM/DD/YYYY

Supervisor Verification

Signature / Name
