

Retail Register Closing Reconciliation Form

Date

Store Location

Register #

Cashier Name

Cash Count

Denomination	Quantity	Total
\$100.00 Bills	<input type="text"/>	<input type="text"/>
\$50.00 Bills	<input type="text"/>	<input type="text"/>
\$20.00 Bills	<input type="text"/>	<input type="text"/>
\$10.00 Bills	<input type="text"/>	<input type="text"/>
\$5.00 Bills	<input type="text"/>	<input type="text"/>
\$2.00 Bills	<input type="text"/>	<input type="text"/>
\$1.00 Bills	<input type="text"/>	<input type="text"/>
Coins (Total)		<input type="text"/>
Total Cash Counted		<input type="text"/>

Sales Summary

System Total Sales	<input type="text"/>
Cash Sales	<input type="text"/>
Credit/Debit Card Sales	<input type="text"/>

Other (Gift Cards, etc.)	
Expected Cash in Drawer	
Actual Cash Counted	
Over/(Short)	

Notes / Discrepancies

Cashier Signature

Date

Manager Signature

Date

Please complete all sections. Notify management of any overages or shortages immediately.