

# Retail Sales Terminal End-of-Shift Balancing Form

Date

Shift

e.g., Morning, Afternoon

Terminal Number

Cashier Name

Description	Counted	System Total	Over/Short
Cash	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Opening Float

Closing Float

Comments / Discrepancies

Cashier Signature

Supervisor Signature