Retail Cash Settlement Form

Date

Cashier Name

Shift

e.g. Morning

Register No.

Cash Details

Denomination	Count	Amount
e.g. $100		
e.g. $50		
e.g. $20		
e.g. Coins		
Total Cash		

Non-Cash Payments

Credit/Debit Cards

Mobile Payments

Other

Expected Total

Actual Total

Difference

Remarks / Notes

Enter any notes or discrepancies...

Cashier Signature

_____

Supervisor Signature

_____

Date

_____