



Food and Nutrition Services  
Daily Cash Summary

Date: \_\_\_\_\_

	Breakfast	Line A	Line B	Line C	Line D	Line E	Line F	Line G	Ala0Carte	Co-Op	Vending	Other	Total Cash
Checks													
Cash													
Coin													
Total													

<div>Bills</div> <div>\$100 _____</div> <div>\$50 _____</div> <div>\$20 _____</div> <div>\$10 _____</div> <div>\$5 _____</div> <div>\$1 _____</div>	<div>Coins</div> <div>\$1 _____</div> <div>.50 _____</div> <div>.25 _____</div> <div>.10 _____</div> <div>.5 _____</div> <div>.1 _____</div>	<div>Bank Bag Number _____</div> <div>Special Notes</div>
<div>Checks _____</div> <div>Total Monies Collected _____</div> <div>Total Monies Calculated _____</div> <div>Money +/- for the day _____</div>		

Manager/Manager Designee Signature Confirming Accurate Count of Deposit : \_\_\_\_\_

Signature Confirming Accurate Second Count of Deposit: \_\_\_\_\_