Food and Nutrition Services

Daily Deposit Breakdown Sheet

Cashier Name_____ Cashier #_____ Date_____

Session: Breakfast / Lunch / Manager / Prepay / Ala Carte / Vending Register ID_____

CURRENCY		
100 s		$
50 s		$
20 s		$
10 s		$
5 s		$
2 s		$
1 s		$
Total _____		

COINS		
1.00		$
.50		$
.25		$
.10		$
.05		$
.01		$
Total _____		

ROLLS		
quarters		$
dimes		$
nickles		$
pennies		$
Total _____		

Total Checks: _____

Total All: _____

TIME	STUDENT #	CASHIER NOTES

Starting Bank _____ Ending Bank _____

Cashier's Signature_____ Manager's Signature_____