



**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													

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

Manager/Manager Designee Signature Confirming Accurate Count of Deposit : _____

Signature Confirming Accurate Second Count of Deposit: _____