



Cash Count

ROUTING

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SECTION 1: REQUESTOR INFORMATION

Date & Time: _____ Department: _____

Counted By (Name and Title): _____ Verified By (Name and Title): _____

SECTION 2: REQUEST DETAILS

Cash Count		# of	Amount
Currency: BILLS	Other		
	100s		
	50s		
	20s		
	10s		
	5s		
	2s		
	1s		
		SUBTOTAL	
Currency: COINS	Dollars		
	Half Dollars		
	Quarters		
	Dimes		
	Nickels		
	Pennies		
	Wrapped Coins	N/A	
		SUBTOTAL	
Total Currency (Bills and Coins)			
Total Checks for Deposit (adding machine tape attached)			
Less Starting Change Fund			
TOTAL DEPOSIT			
Sales as Indicated per Receipts or Cash Register Tape			
Less Voided Transactions and/or Adjustments (Proper Approval Required)			
TOTAL SALES			
Note: If Deposit>Sales = Cash Over; if Deposit<Sales = Cash Short			Cash Over/Short
Receipt Number or Transaction Number Reconciliation <small>If previous day ending and current day beginning are not consecutive, explain on backside of form.</small>	Previous Business Day Ending Number		
	Current Business Day Beginning Number		
	Current Business Day Ending Number		
	Next Business Day Beginning Number		

SECTION 3: REQUESTOR APPROVAL

Name: _____ Signature: _____ Date: _____

Reset