

# Transcend Medical

## Daily Cash Report

Location: Guntersville

Date \_\_\_\_\_

### Checks

How many \_\_\_\_\_  
Total amount \_\_\_\_\_  
Z Report \_\_\_\_\_  
Variance \_\_\_\_\_  
Why \_\_\_\_\_

### Drawer Count

Pennie	\$ _____	\$ _____
Nickels	\$ _____	\$ _____
Dimes	\$ _____	\$ _____
Quarters	\$ _____	\$ _____
Ones	\$ _____	\$ _____
Fives	\$ _____	\$ _____
Tens	\$ _____	\$ _____
Twenties	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	_____	_____
Other	_____	_____

Total \$ 220 \$ 220

### Credit Card

How many \_\_\_\_\_  
Total Amount \_\_\_\_\_  
Z Report \_\_\_\_\_  
Variance \_\_\_\_\_  
Why \_\_\_\_\_

ATTACH to Report receipts and Z Report

### Cash

How much \_\_\_\_\_  
Z Report \_\_\_\_\_  
Variance \_\_\_\_\_  
Why \_\_\_\_\_

Signed by \_\_\_\_\_

Date \_\_\_\_\_

Signed by \_\_\_\_\_

Date \_\_\_\_\_