

# Retail Cashier End-of-Shift Handover Checklist

Date		Shift (Start - End)	
Cashier Name		Supervisor Name	

## Handover Items

Item	Completed	Remarks
Cash counted and tallied		
POS terminal balanced		
Receipts organized and submitted		
Petty cash accounted for		
Store keys handed over		
Safe log updated		
Float prepared for next shift		
Issues / Incidents reported		

## Notes

Cashier Signature

Date:  
Supervisor Signature

Date: