

# Daily Cashier Reconciliation Report

Date:

Pharmacy Name:

Cashier Name:

## 1. Sales Summary

Payment Method	Amount
Cash	<input type="text"/>
Credit/Debit Card	<input type="text"/>
Mobile Payments	<input type="text"/>
Insurance	<input type="text"/>
Other	<input type="text"/>
Total Sales	

## 2. Cash Register Counting

Denomination	Quantity	Amount
\$1000	<input type="text"/>	<input type="text"/>
\$500	<input type="text"/>	<input type="text"/>
\$200	<input type="text"/>	<input type="text"/>
\$100	<input type="text"/>	<input type="text"/>
\$50	<input type="text"/>	<input type="text"/>
\$20	<input type="text"/>	<input type="text"/>
Coins	<input type="text"/>	<input type="text"/>
Total Cash Counted		

## 3. Reconciliation

Total Sales (from summary):

Total Cash Counted:

Variance (Over/Short):

4. Notes & Observations

Cashier Signature

Supervisor Signature