

# Cash Register and POS Station Audit Sheet

Date

Location

Auditor Name

Register Number

Shift

## Cash Count

Denomination	Count	Total
Coins		
1		
5		
10		
20		
50		
100		
200		
Total Cash		

## Credit/Debit Transactions

Type	Amount
Credit Cards	
Debit Cards	
Others	
Total Non-Cash	

## Other

Checks	
Gift Cards	
Store Credits	

## Totals & Observations

<b>Expected Total</b>	
<b>Actual Total</b>	
<b>Over/Short</b>	

Comments/Notes:

---

---

---

Auditor Signature

Manager Signature

Date

---