## Bakery Cashier Daily Closure

Date:								
Cashier Name:								
Shift:								
Sales Summary								
Payment Type	Amount							
Cash								
Card								
Other								
Cash Count								
Denomination	Quantity		Total					
100s								
50s								
20s								
10s								
5s								
Coins								
Total Cash:								
Notes / Remarks								
Cashier Signature:								
Supervisor Signature:								