

# Craft Store Daily Cashier Balancing Form

Date

Cashier Name

Shift

Opening Balance

Cash Amount

Receipts

Payment Type	Amount
Cash	<input type="text"/>
Card	<input type="text"/>
Other	<input type="text"/>

Paid Outs (Expenses)

Description	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Closing Balance Count

Total Cash Counted

Difference / Over/Short

Amount

Remarks / Notes

Cashier Signature

Supervisor Signature