

# End-of-Day POS Cashier Audit Report

Date: \_\_\_\_\_

Cashier Name: \_\_\_\_\_

Shift Time: \_\_\_\_\_

POS Terminal: \_\_\_\_\_

## Sales Summary

Payment Method	Amount
Cash	
Credit/Debit Card	
Mobile Payment	
Others	
Total Sales	

## Cash Count

Denomination	Count	Amount
Total Cash		

## Discrepancy

Expected Cash: \_\_\_\_\_

Actual Cash: \_\_\_\_\_

Difference: \_\_\_\_\_

Notes: \_\_\_\_\_

## Other Remarks

\_\_\_\_\_

\_\_\_\_\_  
Cashier Signature

\_\_\_\_\_  
Manager Signature