Multi-Location Retail Cashier Audit Summary

Audit Date:		
Auditor Name:		
Location:		
Cashier Name:		
Audit Item	Status	Notes
Cash Drawer Count Accuracy		
B		
Receipt Matching		
Transaction Recording		
Transaction Necording		
Void/Refund Approval		
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Security Compliance		
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Deposit Preparation		
Summary/Findings:		
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Recommendations:

A #4 0: 4		
Auditor Signature:		