

Store Closing Manager Sign-Off Form

Date:

Store Location:

Manager Name:

Checklist

- ☐ Cash register closed & balanced
- ☐ Deposits made
- ☐ All doors locked
- ☐ All lights off
- ☐ Safe locked
- ☐ Alarm set

Closing Time:

Employees on Duty:

Notes / Issues:

Manager Signature:

Date: