**DAILY TAKINGS REPORT**

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| --- |
| **Date:** |
| **Received:** |
| **CANTEEN** | **BAR** | **OFFICE** |
| Gross Cash(receipt #............)  |  | Gross Cash(receipt #............)  |  | Gross Cash(receipt #.............)  |  |
| Less float |  | Less float |  | Less float |  |
| Net Cash | **A** | Net Cash | **B** | Net Cash | **C** |
| EFT | **F** | EFT | **G** | EFT | **H** |
| **TOTAL** |  | **TOTAL** |  | **TOTAL** |  |
| **OTHER** |
| **Details** | **Receipt #** | **Cash** | **EFT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **D** | **I** |  |

|  |
| --- |
| **PAID *(attach completed Cash Payment/Expense Reimbursement Form)*** |
| **Details** | **Cash** | **EFT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | **E** | **J** |
| **TOTAL BANKED** |
| **CASH = (A+B+C+D) - E** |  |
| **EFT = (F+G+H+I) - J** |  |
| **Date Banked** |  |
|  |
| **Approver 1:**  |
| **Name: Position: Date:** |
| **Approver 2:** |
| **Name: Position: Date:** |

**Notes:**

1. All cash transactions must be receipted through either the Cash Payment/Expense Reimbursement Form or Cash Receipt Book and receipt number recorded on this form.
2. Cash payments cannot exceed $100. Payments/reimbursement greater than $100 will need to be made via EFT.