



Drawer Balance - Cash Over & Short Log

WEEK ENDING ON: _____

STORE NUMBER: _____

DATE OF OCCURANCE #1: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

DATE OF OCCURANCE #2: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

DATE OF OCCURANCE #3: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

DATE OF OCCURANCE #4: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

DATE OF OCCURANCE #5: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

DATE OF OCCURANCE #6: _____

- Amount:
 - Over: \$ _____
 - Short: \$ _____
- Employees Involved:
 - _____
 - _____
 - _____
 - _____
 - _____

Verification of Manager or Assistant Manager completing this form:

Printed Name

Signature

Date