

CASHIER REPORT				
CASHIER NAME				
CASHIER NO.				
DATE	--- / --- / 20--			
TIME	FROM	--:-- <input type="radio"/> AM <input type="radio"/> PM	TO	--:-- <input type="radio"/> AM <input type="radio"/> PM
NO. OF RECEIPTS			L.E.	

CURRENCY		AMOUNT
L.E. TWO HUNDRED	200.00 * -----	
L.E. ONE HUNDRED	100.00 * -----	
L.E. FIFTY	50.00 * -----	
L.E. TWENTY	20.00 * -----	
L.E. TEN	10.00 * -----	
L.E. FIVE	5.00 * -----	
L.E. ONE	1.00 * -----	
L.E. HALF	0.50 * -----	
L.E. QUARTER	0.25 * -----	
CHANGES (COINS)		AMOUNT
P.T.	100 * --- 50 * --- 25 * --- 20 * --- 10 * --- 5 * ---	
TOTAL		

SIGNATURES		
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CASHIER	COLLECTOR	WITNESS (IF ANY)
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