DRAWER REPORT

DATE: _____ AM PM

Open Shift			Close Shift		
Number	Type	Value ($)	Number	Type	Value ($)
	100			100	
	50			50	
	20			20	
	10			10	
	5			5	
	1			1	
	Coins			Checks	
	Checks			Gift Cert.	
	Gift Cert			Gift Cert	
Total			Total		

DRAWER REPORT

DATE: _____ AM PM

Open Shift			Close Shift		
Number	Type	Value ($)	Number	Type	Value ($)
	100			100	
	50			50	
	20			20	
	10			10	
	5			5	
	1			1	
	Coins			Checks	
	Checks			Gift Cert.	
	Gift Cert			Gift Cert	
Total			Total		

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Number	Type	Value ($)	Number	Type	Value ($)
	100			100	
	50			50	
	20			20	
	10			10	
	5			5	
	1			1	
	Coins			Checks	
	Checks			Gift Cert.	
	Gift Cert			Gift Cert	
Total			Total		

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	50			50	
	20			20	
	10			10	
	5			5	
	1			1	
	Coins			Checks	
	Checks			Gift Cert.	
	Gift Cert			Gift Cert	
Total			Total		