

Lethbridge College

Cash Reconciliation

Cashier/Submitted By: _____ Acct. Code: _____ \$ _____

Department: _____ G.S.T.: _____ \$ _____
(if applicable)

Date: _____ Total Deposits: _____

Event: _____

(FLOAT)

(CHEQUE LIST)

_____ X \$5 _____

_____ X \$10 _____

_____ X \$20 _____

_____ X \$50 _____

_____ X \$100 _____

Total Bills _____

Total Coin _____

Total Cash _____ **Totals:**

Total Cheques _____

Total Visa _____

Total Mastercard _____

TOTALS _____

Short/Over _____

= Receipt Totals _____

Name	Amount
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(Please list additional cheques, Visa, Mastercard on back.)

(COIN COUNT)

_____ 1¢ _____

_____ 5¢ _____

_____ 10¢ _____

_____ 25¢ _____

\$1

\$2

Total Coin