

**BLAIR HEALTH MART
DAILY DEPOSIT RECORD**

DATE _____

	MAIN	SECOND	TOTAL
RECEIPTS			
Rx	_____	_____	_____
OTC	_____	_____	_____
POSTAGE	_____	_____	_____
	TOTAL SALES		_____

ADD			
SALES TAX	_____	_____	_____
NO FRILLS PMT			_____
ROA	_____	_____	_____
BAD CHECK RECOVERY	_____	_____	_____
OTHER _____	_____	_____	_____
	_____	_____	_____

		TOTAL	_____
LESS			
P/O _____	_____	_____	_____
HOUSE CHARGES	_____	_____	_____
CREDIT CARDS	_____	_____	_____
COUPONS	_____	_____	_____
OTHER _____	_____	_____	_____
		TOTAL	_____

TOTAL CASH TO ACCOUNT FOR	_____	_____	_____
ACTUAL DEPOSIT	_____	_____	_____
CASH OVER SHORT	_____	_____	_____

NOTES _____
BY _____