

**OMAHA – CENTER 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 _____