

**OMAHA – SADDLE CREEK 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 \_\_\_\_\_