



TELLER DRAWER AUDIT FORM

Audited By: _____ Date: _____

Teller Drawer: _____ Branch: _____

Audit Type: ___ Quarterly ___ Vacation ___ Surprise ___ Other _____

Cash	Amount	Cash Counter Receipt
Hundreds		
Fifties		
Twenties		
Tens		
Fives		
Twos		
Ones		
Bait		
Coin	Amount	
Dollars		
Half Dollars		
Quarters		
Dimes		
Nickels		
Pennies		

Total Cash:	Total Forza:
Total Coin:	Total Drawer:

Over/Short:

SIGNATURES

Audited by: _____

Counted by: _____

Time: _____