University of California, Riverside
Cash Collection Report

Cashiers Use:
DAF: ____________________________
Date Submitted: ____________
Date Verified: ____________
Status: ____________________________

Date: ____________________________
DAF: ____________________________
Sealed Bag #: ____________________________
Bank Deposit Receipt #: ____________________________

Department Name: ____________________________
Cash Collection Date: ____________________________

Cash Register Daily Total: $ ____________________________

Register Tape Transaction Numbers: From: # To: #
Prior Days Ending Transaction Number: #

Other Receipt Numbers: From: # To: #
(if applicable)

Adjustments/Voids/Reversals: $ ____________________________
Number of Adjustments/Voids/Reversals: #

Overage or Shortage: $ ____________________________

Credit Card Settlement Total: $ ____________________________

Refunds: $ ____________________________
Number of Refunds: #

Permits Returned: #
Permits Voided: #

Comments: ____________________________

By signing this document, I understand that I am accountable and responsible for this deposit in accordance with Business & Finance Bulletin BUS-49 (Policy for Handling Cash and Cash Equivalents) and UCR Policy & Procedure 200-06 & 200-12.

Preparer’s Signature: ____________________________
USE BLUE INK
Preparer’s Name (please print): ____________________________

Reviewed by (Supervisor): ____________________________
USE BLUE INK
Supervisor’s Name (please print): ____________________________

Distribution: Send to Cashiers Office with deposit slip/deposit receipt and all supporting documentation.
(register tapes, settlement reports, voids, etc.)