XXX Public Schools

CHILD NUTRITION PROGRAM

CASHIER DAILY REPORT

SITE:_____ DATE MEALS SERVED:_____

MEAL COUNTS		
	Breakfast	Lunch
Student Meals Served		
Adult/Visitor Meals Served		
Cafeteria Employee Meals Served		
TOTAL MEALS SERVED		

CASH INCOME	
Student Meals Revenue *Source Code 1710*	$
Adult Meals Revenue *Source Code 1730*	$
A La Carte Revenue *Source Code 1720*	$
TOTAL REVENUE/DEPOSIT	**$** ***Deposit Must Be Made Before 3:00 pm.***

I certify that this information is correct: _____

(Cashier Signature)

Received: _____

(Treasurer Signature)

Date: _____ Receipt # _____

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WHITE–Treasurer YELLOW–Returned to Cashier with Signature of Treasurer PINK–CN Director GOLDENROD–Cashier