

STORE # 3101
ADDRESS 101 S. W. Main, OMP
Portland, OR 97204

LIST CHECKS CASHED AND CHECKS FOR
TODAYS INVOICES FIRST.

DEPOSIT

INV. # _____ DATE _____
END. INV. # _____ DAY _____
MISSING INVOICE #'s _____

NOTE: MAKE SURE THAT ALL INVOICES THAT ARE PAID BY CASH OR
CHECK ARE INDICATED SO ON THE COPY SENT TO US.

CASH SUMMARY

OFFICE USE

CASH ON HAND AT
BEGINNING OF DAY \$ _____

DD:

CASH RECEIVED ON TODAY'S INVOICES _____

CASH PAID ON PREVIOUS INVOICES _____

TOTAL CASH _____

ESS:

PAID OUTS _____

CHECKS CASHED _____

BANK DEPOSIT _____

PER SUMMARY _____

CASH PER ACTUAL COUNT _____

CASH OVER OR SHORT _____

CASH PAID ON PREVIOUS INVOICES

INVOICE NO.	CUSTOMER NO.	NAME	AMOUNT

OFFICE USE

PAID TO CASH _____

PAID TO BANK _____

CHANGE SALES _____

A/R MISCELLANEOUS ACTIVITY

VP	CUST	DATE	CODE	REFERENCE	CAT	ACCT.1	ACCT.2	AMOUNT	COMMENTS
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