

CURRENCY COUNTING FORM

NOTE: Two cash counters are required, each counting independently and completing a separate form.

Counter: _____

Date: _____

Collection: Regular /__/ Special /__/

1 st Bank Deposit			2 nd Bank Deposit				[Cross-total]
<u>Item</u>	<u># banded bills</u>	<u>Value</u>	<u># banded bills</u>	<u>Value</u>	<u># loose bills</u>	<u>Value</u>	<u>Total Value</u>
\$1.	_____	_____	_____	_____	_____	_____	_____
\$5.	_____	_____	_____	_____	_____	_____	_____
\$10.	_____	_____	_____	_____	_____	_____	_____
\$20.	_____	_____	_____	_____	_____	_____	_____
\$50.	_____	_____	_____	_____	_____	_____	_____
\$100.	_____	_____	_____	_____	_____	_____	_____
[Other]	_____	_____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____	_____	_____
Total 1 st Deposit: \$ _____		Value banded: \$ _____		Value loose: \$ _____			
Total 2 nd Deposit: \$ _____		Value loose: \$ _____		Total Value All:		\$ _____	
Total Value All: \$ _____		Total 2 nd Deposit: \$ _____					

Note: **Total Value All** shown on left must equal **Total Value All** on right.