

TIFT COUNTY SCHOOL SYSTEM
SCHOOL NUTRITION
CASHIER REPORT

School Name

CASHIER NAME: _____ DATE: _____

Pennies _____ Ones _____ Other _____

Nickels _____ Fives _____

Dimes _____ Tens _____

Quarters _____ Twenties _____

Checks _____

TILL TOTAL: _____

Adult Meals Served/Purchased:

Cashier Signature: _____