

Hotel Cash Collection Envelope

General Information

Cashier Name: _____

Shift Date & Time: _____

Shift Number: _____

Envelope ID: _____

Collected Amount

Total Amount Collected: _____

Denomination Details:

100s: _____ 50s: _____ 20s: _____

10s: _____ 5s: _____ 1s: _____

Verification

Cashier Signature: _____

Date & Time of Sealing: _____

Verified by (Accounts): _____

Instructions:

Please ensure all denominations are accurately noted. Once filled, seal the envelope securely and deposit it in the designated cash vault. Retain one copy of this form for records.