CASH SHORTAGE / OVERAGE DISCREPANCY REPORT

SITE NUMBER/ACTIVITY NAME/COST CENTER: _____ DATE: _____

From: _____ (Name of Employee - please print)

To: _____ (Manager - please print)

Via: Duty Manager (When Applicable)

Ref: (a) MWR 7010.1B (MWR Cash Handling Procedures)

In accordance with reference (a), it is reported that cash register # _____ which I was operating on _____ (Date)

was ☐ Short $ _____ (Enter Amount) ☐ Over $ _____. (Enter Amount) The reason for this discrepancy is as follows: _____

_____

_____

_____ (Signature of Employee)

_____ (Signature of Duty Manager)

FIRST ENDORSEMENT

Date: _____

From: Financial Tech

To: Division Director (Designee)

Findings: _____

_____ (Signature of Financial Tech)

SECOND ENDORSEMENT

Date: _____

From: _____ (Manager/Supervisor)

To: _____ (Support Manager/Division Director (Designee))

I have taken the following corrective action with the employee involved concerning this discrepancy:
(Document specific counseling date, additional training date, formal disciplinary letters, etc.)

_____

_____

This employee has been counseled for past errors on:

Date:_____ Amount: $_____	Date:_____ Amount: $_____	Date:_____ Amount: $_____

I recommend/do not recommend further administrative action:

_____

_____ (Signature of Manager/Supervisor)

Division Director: (check one) Concur ☐ Do Not Concur ☐

Remarks (if any): _____

_____

_____ (Signature of Director/Designee)

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