JACKSON COUNTY SCHOOL DISTRICT
DEPARTMENT OF CHILD NUTRITION
CASH ACCOUNTABILITY FORM

School: _____ **Meal:** _____ **Date:** _____

Currency:

Count:		Amount:
	Twenties	$
	Tens	$
	Fives	$
	Ones	$

Total Currency: $ _____

Coins:

Count:		Amount:
	Halves	$
	Quarters	$
	Dimes	$
	Nickles	$
	Pennies	$

Total Coins: $ _____

Checks:

Name:	Number:	Amount:
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Total Checks: $ _____

Rolled Coins:

	Quarters	$
	Dimes	$
	Nickles	$
	Pennies	$

Total Rolled Coins: $ _____

Total All Coins: $ _____

TOTAL DEPOSIT $ _____

CASHIER: _____

VERIFYING CASHIER: _____

MANAGER: _____