NAME: _____

DRAWER#: _____

McLaren Medical Group

Daily Cash Log

DATE: _____

CASH	AMOUNT
CASH TOTAL	

CHECK	AMOUNT
CHECK TOTAL	

CREDIT	AMOUNT
CREDIT TOTAL	

Cash Total: $_____ - _____

Check Total: $_____ - _____

Credit Total: $_____ - _____

Grand Total: $_____ - _____

MM-34236 (7/16)