

McLaren Medical Group  
CASH DRAWER SHORTAGE/OVERAGE

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_ DEPT #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ OVER/SHORT

COMMENTS:

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\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OPERATIONS MANAGER

\_\_\_\_\_  
DATE