

OHIO REHABILITATION SERVICES COMMISSION

Bureau of Services for the Visually Impaired

Business Enterprise Program

DAILY CASH REPORT

DATE _____ FACILITY NUMBER _____

1. **OPENING DAY'S CASH**
(Column 6 on previous day's MOR) \$ _____

PLUS (+)

2. **RECEIPTS FOR THE DAY** (column 7 on MOR) \$ _____

EQUALS (=)

TOTAL CASH BEFORE EXPENSES \$ _____

3. **MINUS TOTAL STOCK PURCHASES** \$ _____
(MOR column 2)

4. **MINUS TOTAL EXPENSES** (MOR column 3) \$ _____
(Use codes on back of form.)

5. **MINUS PAID FOR LABOR** (MOR column 4) \$ _____

6. **MINUS SERVICE CHARGE AND DRAW**
BY OPERATOR (MOR column 5) \$ _____

7. **EQUALS CASH ON HAND**
AT END OF DAY (MOR column 6) \$ _____

To figure cash on hand at end of day (DCR number 7):

End of days checking account total prior to deposit... \$ _____

Plus

Deposit from today's sales \$ _____

Plus

Drawer / Safe Total \$ _____

Plus

Coin Mech Total \$ _____

Plus

Dollar Bill Changers Total..... \$ _____

Equals

TOTAL END OF DAY CASH..... \$ _____

Daily Cash Report Itemization of Expense Codes (Rule 08)
(Itemize and place total on line 3 on front page)

- | | | | | | |
|----------|--|---------|-----------|--|---------|
| A | Supplies | \$_____ | P | Pre-approved training expenses up to a \$1000 limit per year | \$_____ |
| B | Janitorial services | \$_____ | Q | Temporary operator agreement fees | \$_____ |
| C | Business licenses | \$_____ | R | Vehicle expense report (must be submitted) | \$_____ |
| D | Telecommunication services / business | \$_____ | S | Pre-approved miscellaneous expense | \$_____ |
| E | Cost of uniforms, rented or owned and laundry when used for business | \$_____ | T | Business dues | \$_____ |
| F | Business advertising/promotionals | \$_____ | U | Professional merchandise delivery service | \$_____ |
| G | Insurance premiums coverage for off-site storage | \$_____ | V | Pest extermination service | \$_____ |
| H | Grantor rent/commission | \$_____ | W | Bookkeeping/accounting services | \$_____ |
| I | Expense for storage space | \$_____ | X | Computer and computer related expenses | \$_____ |
| J | Utilities for the facility when not included in rent | \$_____ | Z | Air condition, filter, fire and security | \$_____ |
| K | Employer contribution for social security | \$_____ | aa | Banking fees | \$_____ |
| L | Workers Compensation premiums | \$_____ | bb | Documented refunds to customers | \$_____ |
| M | Ohio unemployment | \$_____ | | | |
| N | Federal unemployment taxes | \$_____ | | | |
| O | Sales taxes | \$_____ | | | |

Total Expenses \$_____