



Over/Short Report

Date: _____

Business: _____

Over/Short Amount: \$ _____

Employee(s) using that register: _____

Possible Reasons: _____

Business Rep Signature: _____

CSB Signature: _____

This form must be filled out if the business has a shortage or an overage of more than \$20.00. Please submit within 48 hours to Devon Long in the CSB.

CSB

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