

**South Cove Community Health Center
Daily Closing Report
Location: 145 South Street**

Date: _____

Instructions:

1. Each location will print out eclinicalworks Day Sheet or QS1 Cash Analysis reports.
2. Balances of Cash, Checks, or Credit Cards should be reported from the reports in Column 2. Actual Cash, Checks, and Credit Card amounts should be reported in Column 3. Both Column 2 and Column 3 should match.
3. Checks and Cash are to be deposited daily. Attach all credit card receipts, credit card settlement slip, deposit slip and Day Sheet/Cash Analysis reports to form and submit to Accounting.
4. If there is a mismatch between Column 2 and Column 3 please check for error and/or contact accounting department.

Dental/FBH Reception Desk		
Submitted by: _____		
	ECW Balance	Cash/Checks/CC Settlement Balance
Cash		
Check		
Credit Card		
Total		

Billing Dept.		
Submitted by: _____		
	ECW Balance	Cash/Checks/CC Settlement Balance
Cash		
Check		
Credit Card		
Total		

Grand Total of All Locations		
	All ECW Balances	All Cash/Checks/CC Settlement Balance
Cash		
Check		
Credit Card		
Total		

Bank Deposit	
Performed by: _____	
Cash	
Check	
Total	