



Over/Short Report

Date of Discrepancy: _____

Business Name: _____

Over/Short Amount: \$ _____

Employee(s) using that register: _____

Possible Reasons (please be as thorough as possible): _____

Business Rep Signature: _____ **Date:** _____

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 the Program Coordinator in the CSB.

Area below this line is for use by the CSB staff

CSB Comments: _____

CSB Signature: _____ **Date:** _____