



Organization	Site
Device ID or Serial Number	Quarter

Date	Time	Reason for Entry (Check All That Apply)	Initials
	a.m.	<input type="checkbox"/> Withdraw Currency <input type="checkbox"/> Buy Back Credit Ticket Vouchers	
	p.m.	<input type="checkbox"/> Other	
	a.m.	<input type="checkbox"/> Withdraw Currency <input type="checkbox"/> Buy Back Credit Ticket Vouchers	
	p.m.	<input type="checkbox"/> Other	
	a.m.	<input type="checkbox"/> Withdraw Currency <input type="checkbox"/> Buy Back Credit Ticket Vouchers	
	p.m.	<input type="checkbox"/> Other	
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	p.m.	<input type="checkbox"/> Other	
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	p.m.	<input type="checkbox"/> Other	
	a.m.	<input type="checkbox"/> Withdraw Currency <input type="checkbox"/> Buy Back Credit Ticket Vouchers	
	p.m.	<input type="checkbox"/> Other	

[illegible]