Date: \_\_\_\_\_

## Cashier Testing

Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed:
Cashier Name: Date:	Cashier Name: Date:
Passed: Failed:	Passed: Failed: