



ATM CASH LOAD MEMO

DATE:

TERMINAL NAME:

TERMINAL NUMBER:

TIME IN:

TIME OUT:

S/NO	BRANCH	BRANCH CODE	GL DEBIT	GL CREDIT
1				
2				
	Unit displayed on SOP	Physical cash Count	Unit configured on SOP	DIFF.
Reject Bin				
Cassette 1				
Cassette 2				
Cassette 3				
Cassette 4				
	RESIDUAL CASH ON ATM	TOTAL CASH LOAD		

CASH LOAD/REVIEW BY:

Cash Officer/CMU (Name/Signature).....

BSM/E-channels (Name/Signature).....

Compliance (Name/Signature).....

TIME OF LOADING/CONFIRMATION----- (This is a mandatory requirement)