

CATHEDRAL OF FAITH

MINISTRY EVENT COLLECTION & RECONCILIATION FORM

Date: _____ Ministry: _____

Event: _____

<u>Cash Received:</u>	<u>Bills</u>	<u>Qty</u>	<u>Amount</u>	<u>Total</u>
100.00		_____	_____	
50.00		_____	_____	
20.00		_____	_____	
10.00		_____	_____	
5.00		_____	_____	
1.00		_____	_____	

Total Bills Received: \$ _____

Total Coins Received: \$ _____

Checks Received:

<u>Check No.</u>	<u>Contributor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Checks: \$ _____

Total Collections: \$ _____

Counted By (Two signatures from ministry required):

1. _____ Date : _____

2. _____ Date: _____

Total \$ Submitted \$ _____

Retrieved and Verified by:

1. _____ Date : _____

2. _____ Date: _____

Total \$ Verified \$ _____

Discrepancy: _____
