

# CASH RECEIPTS COUNT SUMMARY

For Period \_\_\_\_\_

to \_\_\_\_\_

	Sunday School	Sunday AM	Sunday PM	Wed. Evening	Received During Week	TOTALS
Coins	\$	\$	\$	\$	\$	\$
Currency						
Checks						
<b>TOTALS</b>	\$	\$	\$	\$	\$	\$
<b>Breakdown By Type Of Gifts</b>						
<b>General Operating Budget</b>						
Worship Service(s)	\$	\$	\$	\$	\$	\$
Sunday School						
In Mail						
<b>Donor Designated Gifts</b>						
Building Fund						
Missions Fund						
Benevolence Fund						
Other Designated Gifts: (List each separately)						
<b>Non-Contribution Receipts</b>						
Interest Income						
Rental Income						
Use of Facilities Fees						
<b>TOTALS</b>	\$	\$	\$	\$	\$	\$

Counted By : \_\_\_\_\_  
 (Each Person Should Sign) \_\_\_\_\_  
 \_\_\_\_\_

Deposited On : \_\_\_\_\_ , 20 \_\_\_\_\_

Note: Attach validated bank deposit slip and other receipt documentation.