SCS CASH RECEIPTS FORM

scscash062018

All cash and/or check receipts received must be submitted to office for deposit within five (5) days of receipt.

DATE REC'D:

REC'D FROM (Name, Address and Phone Number)

_____

_____

_____

_____

_____

Name of Ministry/Organization:

_____

Event Name: _____

Event Date: _____

Deposit Date: _____

CASH COLLECTED:

$100 X _____ = _____

$ 50 X_____ = _____

$ 20 X _____ = _____

$ 10 X _____ = _____

$ 5 X _____ = _____

$ 2 X _____ = _____

$ 1 X _____ = _____

TOTAL CASH $ _____

Cash Verified By: _____

TOTAL CHECKS $ _____

Number of Checks # _____

Checks Verified By: _____

TOTAL COIN $ _____

GRAND TOTAL $ _____

LIST CHECKS SEPARATELY

CHECK #	QTY		DOLLAR AMOUNT	TOTAL
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
TOTAL			**CHECKS**	$

RECEIVED BY: (signature of Office Staff here) DATE: