CATHEDRAL OF FAITH

MINISTRY EVENT COLLECTION & RECONCILIATION FORM

Date: _____ Ministry _____

Event: _____

Cash Received:	Bills	Oty	Amount	Total
100.00				
50.00				
20.00				
10.00				
5.00				
1.00				

Total Bills Received: $ _____

Total Coins Received: $ _____

Checks Received:

Check No.	Contributor	Amount

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:** _____

_____

CATHEDRAL OF FAITH
Reaching and Teaching Souls for Christ