



okolona CHRISTIAN CHURCH

Miscellaneous Deposit Form

Date: _____

Credit to:

Ministry	Description	Account	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:			_____

Checks:
 Count (No. of checks) _____
 Amount (Total \$ Value) _____

Bills:
 Count (No. of each bill)
 \$100 _____
 \$50 _____
 \$20 _____
 \$10 _____
 \$5 _____
 \$1 _____

Coins:
 Count (No. of each coin)
 \$1 _____
 \$0.50 _____
 \$0.25 _____
 \$0.10 _____
 \$0.05 _____
 \$0.01 _____

Total Count _____
Total Value (\$ Amount) _____

Total Count _____
Total Value (\$ Amount) _____

Total (Checks, cash & coins) _____

Tally By: _____
(Signature Required)

Date: _____

Ministry Leader: _____
(Signature Optional)

Date: _____

Field Leader: _____
(Signature Optional)

Date: _____