



OKOLONA CHRISTIAN CHURCH

Miscellaneous Deposit Form

Date: _____

Credit to:

PROJECT NAME: _____

If designated, ONLY PROJECT DEPOSITS can appear on this form.

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

Checks:

Count (No. of checks) _____

Electronic Transfer: _____

Amount (Total \$ Value) _____

Electronic Transfer Total: \$ _____

Bills:

	Count	\$ Amount
\$100	_____	_____
\$50	_____	_____
\$20	_____	_____
\$10	_____	_____
\$5	_____	_____
\$1	_____	_____

Totals _____ \$ _____

Coins:

	Count	\$ Amount
\$1	_____	_____
\$0.50	_____	_____
\$0.25	_____	_____
\$0.10	_____	_____
\$0.05	_____	_____
\$0.01	_____	_____

Totals _____ \$ _____

Total (Checks, cash & coins) \$ _____

Tally By: _____
(Signature Required)

Date: _____