

St Matthew's Anglican Church Event Deposit Form Counter's Sheet

Name of Event: _____ Date: _____

Brief Description / Notes:

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Gross Income: _____
 Less "Expenses Paid from Cash": _____
 Total Net Deposit (From Below) _____
 Less "Expenses Yet to be Paid" _____
 Total Net Profit: _____

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Cheques (listed on back)

Number of Cheques	Total Amount
_____	_____

BILLS AND COINS

Bills:	Coins:
_____ x \$5.00 = _____	_____ x \$0.05 = _____
_____ x \$10.00 = _____	_____ x \$0.10 = _____
_____ x \$20.00 = _____	_____ x \$0.25 = _____
_____ x \$50.00 = _____	_____ x \$1.00 = _____
_____ x \$100.00 = _____	_____ x \$2.00 = _____
Total Bills: _____	Total Coins: _____

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SUMMARY: *(Net income to Deposit - After Expenses Paid from Cash)*

Total Cheques: _____
 Total Bills: _____
 Total Coins: _____
 Total Net Deposit: _____

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Form completed and submitted by: _____
 (Event Volunteer #1 - Please sign and print name)

Form verified by: _____
 (Event Volunteer #2 - Please sign and print name)

Recounted and Verified by: _____ Date _____
 (Counter to sign and print name)

St. Matthew's Anglican Church

List of Cheques

	Name of donor	Envelope number	Donation amount		
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>
16					<input type="checkbox"/>
17					<input type="checkbox"/>
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
21					<input type="checkbox"/>
22					<input type="checkbox"/>
23					<input type="checkbox"/>
24					<input type="checkbox"/>
25					<input type="checkbox"/>
26					<input type="checkbox"/>
27					<input type="checkbox"/>
28					<input type="checkbox"/>
29					<input type="checkbox"/>
30					<input type="checkbox"/>
31					<input type="checkbox"/>
32					<input type="checkbox"/>
33					<input type="checkbox"/>
34					<input type="checkbox"/>
35					<input type="checkbox"/>

Total cheques (to front)

\$