Church Name: _____

Collection Count Sheet

Date: _____

☐ Tithes/Offerings ☐ Ministry Event_____

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

Total Bills Received: $ _____

Total Coin Received: $ _____

Checks Received:

Check No.	Contributor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Checks: $ _____

Total Collections: $ _____

Income from other Ministries included in the deposit:

Amount	Ministry/Purpose
_____	_____
_____	_____
_____	_____
_____	_____

Counted By:

1- _____

2- _____

Total Ministries: $_____

Total Deposit: $ _____