

St. Francis of Assisi Catholic Church Cash/Check Transmittal Form Itemized Receipts

Use this form when it is necessary to track receipts by person. Examples include fees paid for trips/retreats and class registrations.

Ministry: _____ **Event:** _____ **Date:** _____

	Envelope #	Payee Name	Cash Amt	Check Amt	Check #	Comments
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		
6			\$	\$		
7			\$	\$		
8			\$	\$		
9			\$	\$		
10			\$	\$		
11			\$	\$		
12			\$	\$		
13			\$	\$		
14			\$	\$		
15			\$	\$		
16			\$	\$		
17			\$	\$		
18			\$	\$		
19			\$	\$		
20			\$	\$		
Total Cash/Checks:			\$	\$	Total deposit: \$	

Prepared by: _____ **Contact Phone #:** _____

Prepared by: _____ **Contact Phone #:** _____

Accounting use only: Amount Received: \$ _____

Received by: _____ Deposit Date: _____