



GRACE
 HMONG ALLIANCE CHURCH
 4400 N. Mayfair Rd.
 Wauwatosa, WI 53225

Date: _____

Collection Count / Cash & Check Receivable FORM

***NOTICE:** Deposit Slip from Bank Teller Must be stapled to this form for accurate verification.

COLLECTION BREAKDOWN

Ministry / Department / From: _____

Final Verifier Quantity	2nd Verifier Quantity	1st Verifier Quantity	Coins and Bills	(Automated) Amount	(Manual) Amount

Total Cash: _____ :

Name	Check Number	Amount

Total Check: _____

Fund Description:

Total Amount Collected

1st Verifier Name: _____

Total Amount Verified

2nd Verifier Name: _____

FOR OFFICE USE ONLY

Received by : _____ Date: _____

Depositor: _____

Deposit Date: _____ Deposited Amount \$ _____