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: $ _____