

Event Reconciliation Form

Our Lady of the Assumption Church
1406 Hearst Drive NE
Brookhaven, GA 30319

Event Details

Event Name: _____
 Date of Event: _____
 Organizer Name/Ministry _____
 Location/Venue: _____
 Event Start Time: _____
 Event End Time: _____

Detailed Cash Breakdown

\$100 bills:	Count:		Total:	
\$50 bills:	Count:		Total:	
\$20 bills:	Count:		Total:	
\$10 bills:	Count:		Total:	
\$5 bills	Count:		Total:	
\$1 bills	Count:		Total:	
Coins			Total:	
Total Cash Collected				0.00

Additional Payment Methods

Checks Received	Count:		Total:	0.00
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Deposit Preparation

Total Cash Ready for Deposit	0.00
Total Checks Ready for Deposit	0.00
Total for Deposit (Cash & Checks)	0.00

Date of Deposit _____
 Bag Number _____

Please put this form and the money/checks in the bag you have been given.
 Two signatures on both this form and the bag.
 Place the bag in one of the Church's safes immediately following the event. Thank you

Signatures

Prepared by (Name & Signature) _____
 Reviewed by (Name & Signature) _____
 Date: _____