St. Catherine of Siena
Organization and Ministry Deposits

Date Received:_____

By:_____

Event Name:_____

Date of Event:_____

Deposit Date:_____

Attach Tape Here

Check #	X	Amount $	TOTAL $
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
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	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		
	X		

CASH:

$ 1 X _____ = $_____

$ 5 X_____= $_____

$ 10 X_____= $_____

$ 20 X_____= $_____

$ 50 X_____= $_____

$ 100 X_____=$ _____

Total CASH: **$**_____

Cash verified by:_____

Total CHECKS: $_____

Checks verified by:_____

GRAND TOTAL: $ _____