

Cash Verification Form First Baptist Church of District Heights

Date:			
Ministry/Budget: _			
	Currency Brea	kdown	
COIN:	•	CASH:	
Pennies:			\$1:
Nickels:			\$5:
Dimes:			\$10:
Quarters:			\$20:
Dollars:			\$50:
Other:			Other:
Total:			Total:
CHECKS:			
Check#		Amount:	
Check#:		Amount:	
Check#:		Amount:	
Check#		Amount:	
Check#:		Amount:	
Check#		Amount:	
Check#		Amount:	
		Total:	
	GRANI	D TOTAL:	
	Verificati	on	
Signature:	Date:		
	Ministry Representative		
Signature:	Ministry Representative	I	Date:
	Ministry Representative		