OFFERING
COUNT SHEET

CONFIDENTIALITY IS REQUIRED OF ALL TELLERS.

DATE_____ SERVICE: 8:30____ 10:30____ AM____ PM____ WED_____ OTHER_____

Tithes and Offerings Yes ____ No ____

Other Ministries Yes ____ No ____ Name _____

Envelopes Received with Cash
Total Cash Received in Envelopes $_____

Checks Received
Number of Checks _____
Total of Checks Received $_____

Cash Received from Loose Offering
Coins
0.01 x _____ = $_____
0.05 x _____ = $_____
0.10 x _____ = $_____
0.25 x _____ = $_____
0.50 x _____ = $_____
1.00 x _____ = $_____
Total Coins Received $_____

Bills
1's x _____ = $_____
2's x _____ = $_____
5's x _____ = $_____
10's x _____ = $_____
20's x _____ = $_____
50's x _____ = $_____
100's x _____ = $_____
Total Bills Received $_____

Total Amount of Deposit $_____

Counted By:_____Counted By:_____

Comments:_____

Please verify all checks are payable to Beach Assembly of God with signature, dollar amount and written amount are the same with no alterations to printed check. If anything changes the validity of a check, please do not count on this sheet. Please roll coins, coin machine and wrappers are in the church office. Thanks.