First Baptist Church of Guilford

Check and Cash Deposit Transmittal Form

Organization: _____ **Date submitted:** _____

Total Amt. Submitted for Deposit: _____ **Checks:** _____ **Cash:** _____

(Use area below if details need to be described)

. Name	Amount	Check	Cash	Date
	Total Amt: $ 0.00	**Total Checks:** $ 0.00	**Total Cash:** $ 0.00	

Grand Total of Checks received: $ 0.00

Grand Total of Cash received: $ 0.00

Total Payments Received: $ 0.00 **(amt. should agree with totals above)**

Prepared by: _____

Phone # or e-mail: _____

Date: _____

Received by: _____

Date: _____

Verified by: _____

Date: _____