

**ARLINGTON CHURCH OF GOD
CASH DEPOSIT AND/OR RECEIPT RETURN FORM**

DATE: _____

My Name is: _____

Name/Program/Event _____

CASH
cash amount: \$ _____

CHECKS
check amount: \$ _____

more than one check total \$ _____
If more than one check, add together, place total here.

I am turning in cash and/or receipts from a previously issued check:

check number was: _____

check amount was: \$ _____

cash amount returned: \$ _____ -

receipts total: \$ _____

I am expecting a reimbursement of: \$ _____

explanations/clarifications _____

total cash:\$ _____ **total checks:** \$ _____ **total deposit:** \$ _____

received by: _____
date

deposited by: _____
date

please attach copies of all checks, receipts and/or other information that support the above transactions.