

Collections Count Form

_____ (parish
name)

Date: _____

Mass Time: _____

WEEKLY COLLECTION

Plate Coin _____
 Cash _____
 Check _____
 Subtotal A _____

Adult Coin _____
 Cash _____
 Check _____
 Subtotal B _____

Children Coin _____
 Cash _____
 Check _____
 Subtotal C _____

**Plate, Adult and Children
Total (A+B+C)** _____

Counters:

I certify that the amounts recorded on this collections count form represent the actual collections taken to the best of my knowledge.

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Bookkeeper:

I have verified that the totals on this collections count form agree with the

bank deposit(s).

Signed: _____

OTHER COLLECTIONS

Name _____	Name _____	Name _____	Coin _____	Coin _____
_____	Coin _____			
Cash _____	Cash _____	Cash _____		
Check _____	Check _____	Check _____		
Total _____	Total _____	Total _____		