



*Saint Martin in the Fields Episcopal Church*  
**CASH RECEIPT**

DATE \_\_\_\_\_

Total Amount in CHECKS \_\_\_\_\_

Total Amount in CASH \_\_\_\_\_

TOTAL DEPOSIT \_\_\_\_\_

ORGANIZATION or FUNDRAISER \_\_\_\_\_

PERSON COMPLETING THIS FORM \_\_\_\_\_

DEPOSIT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Print and complete this form and give to Susan Breunig. DO NOT leave cash in the church office.*