



Income Submittal – Sunday Services

Complete this form and put the form and checks/cash in a sealed envelope and place in the administrative assistant’s box.

Date: _____

Submitter’s Printed Name: _____

Payer/Donator: _____

Account Number	Account Description	Amount
136	Sunday Services Designated Contribution	
	TOTAL	

Details: _____

Number of Checks	Total Check(s) Amount	Total Cash & Change Amount	Total Amount submitted, Cash, Change & Checks