

ST. MATTHEW PARISH CREDIT VOUCHER

Date _____ Program/Committee _____

<u>Acct. #</u>	<u>Acct. Description</u>	Checks	Currency	Coins	Total
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				
_____	_____				

Total Deposit _____

Submitted By: _____ Signed/Dated _____

Received By: _____ Signed/Dated _____

Please complete this form when turning money into the office for deposit. Sign and date the form. A copy will be returned to you after the receiver has signed it.

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