

# Mt. Ennon Baptist Church

## Activity Report

The Trustees **will not accept this form** if a pencil or white out is used, changes are not initialed, funds are not exactly as indicated in **Section 1** or **Section 2** is not completed or an appropriate list is not attached. The originator should retain one copy and one copy should be remitted to the Trustees with the funds collected. The Trustees will verify and sign at the bottom that the funds collected are as indicated.

**Section 1**

| TYPE OF MONEY | ACCOUNT TO BE RECORDED | AMOUNT |
|---------------|------------------------|--------|
| COINS         |                        |        |
| Currency      |                        |        |
| Check         |                        |        |
| Money Order   |                        |        |
| Grand Total   |                        |        |

**Section 1**

### Remittance Data

| NAME OF EACH PERSON \$ WAS RECEIVED   | PURPOSE \$ WAS COLLECTED | MONETARY DESCRIPTION | AMOUNT |
|---|--------------------------|----------------------|--------|
| 1   |                          |                      |        |
| 2   |                          |                      |        |
| 3   |                          |                      |        |
| 4   |                          |                      |        |
| 5   |                          |                      |        |
| 6   |                          |                      |        |
| 7   |                          |                      |        |
| 8   |                          |                      |        |
| 9   |                          |                      |        |
| 10  |                          |                      |        |
| 11  |                          |                      |        |
| 12  |                          |                      |        |
| 13  |                          |                      |        |
| 14  |                          |                      |        |
| <small>A list may be used for completing Section 2. The grand total must be stated on this line and equal Section 1.<br/>           If additional lines are needed for Section 2, attach a separate sheet of paper capturing the data required above.</small> |                          |                      |        |

\_\_\_\_\_  
Signature of the Person Preparing the Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature/Trustee

\_\_\_\_\_  
Date