



**EBENEZER BAPTIST CHURCH  
171 SEMPLE FARM ROAD  
HAMPTON VA 23666  
(757) 865-1480**

**REPORT OF RECEIPTS/RETURNED FUNDS**

**INSTRUCTIONS:** This form must be completed at least three days after the date of the function and signed by the members and coordinator of the ministry returning the funds. The purpose of this request is to assist the Trustees in maintaining an accurate financial statement. Receipts must be returned to the Administrative Office or Trustees within three days from the day of the check or at the conclusion of the function. **Expenditures over 10% of requested amount or the allocated budget for the ministry shall become the financial responsibility of the person who incurs the expense.**

**DATE CHECK(S) RECEIVED:** \_\_\_\_\_

**TOTAL AMOUNT OF CHECK(S):** \$\_\_\_\_\_ **Ministry:**\_\_\_\_\_

Receipts Returned: Store Name:	Amount	Receipts Returned: Store Name	Amount
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

**Amount of All Receipts:**\$\_\_\_\_\_ **Total Amount of Funds Returned:**\$\_\_\_\_\_

**CHECK WAS MADE PAYABLE TO:**

**NAME:** \_\_\_\_\_

**NUMBER WHERE YOU CAN BE REACHED:** \_\_\_\_\_

**PURPOSE OF THE FUNDS:** \_\_\_\_\_

**RETURNED BY:** Authorized Individual: \_\_\_\_\_ / \_\_\_\_\_  
PRINT SIGNATURE

**REVIEWED BY:** Ministry Coordinator: \_\_\_\_\_  
SIGNATURE

**RECEIVED BY:** Trustee: \_\_\_\_\_ / \_\_\_\_\_  
NAME DATE