**African Methodist Episcopal Church**

**Sixth Episcopal District**

**Women's Missionary Society and Young Peoples' and Children Division**

**Transmittal of Funds Form**

Date: Conference/Area:

Mailing Address:

Telephone Number:

All-Conference checks should be sent to the Episcopal Treasurer with a copy of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Number****Check Number** | **Purpose** | **Amount** | **Comments****Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

Signature:

Date:

**Summary of Receipts**

Meeting:

Purpose:

|  |  |
| --- | --- |
| Coins |  |
| Currency |  |
| Checks |  |
|  |  |
| Total Amount |  |

Verified by:

\*3 copies (Episcopal Treasurer, Conference Treasurer, Conference President

Please make checks payable to Sixth Episcopal District WMS

Episcopal Treasurer Crystal Shakir, 2440 Wisteria Drive, Unit 700,

Snellville, GA 30078