Treasurer Report

Meeting Day and Time Slot:

Fellowship:

Treasurer Name:

Telephone Number:

Email:

|  |  |  |
| --- | --- | --- |
| Meeting Dates | Number of Attendees | Amount Paid |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL: |  |  |

Payment Method: Deposit / Transfer

If deposit please attach receipt

If transfer please include a reference (e.g. Friday 6pm meeting =FRI6PM):

Please email this form to accounts@sohorecoverycentre.org

Acct Name: Soho Recovery Centre Business Instant Access Account

Acct Number: 24149285

Sort Code: 23-05-80